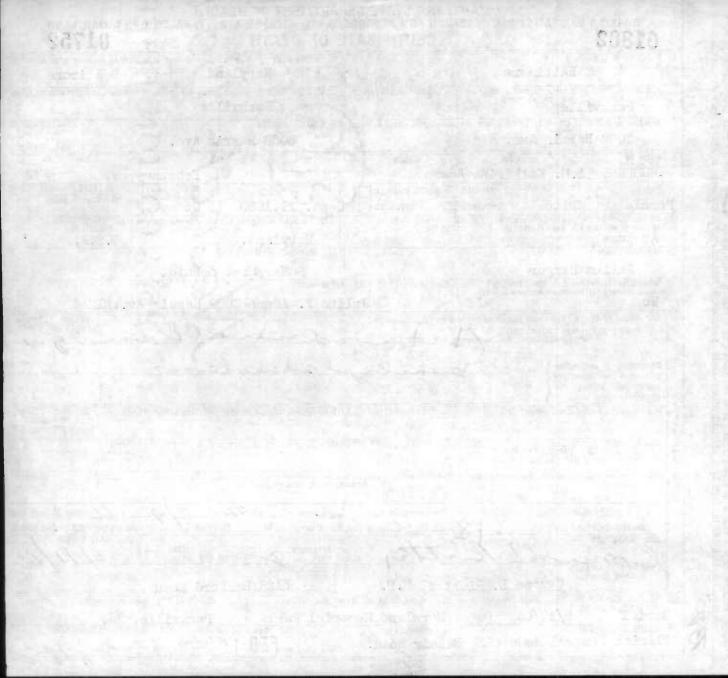
	MARYLAND STATE DEF	PARTMENT O	F HEALTH		
DIVISION OF STATISTICAL	. RESEARCH AND RECORDS	, 301 W. PRESTO	ON STREET,	BALTIMORE 1	, MARYLAND
01802	CERTIFICATE	E OF DEAT	H		01752
VAV					

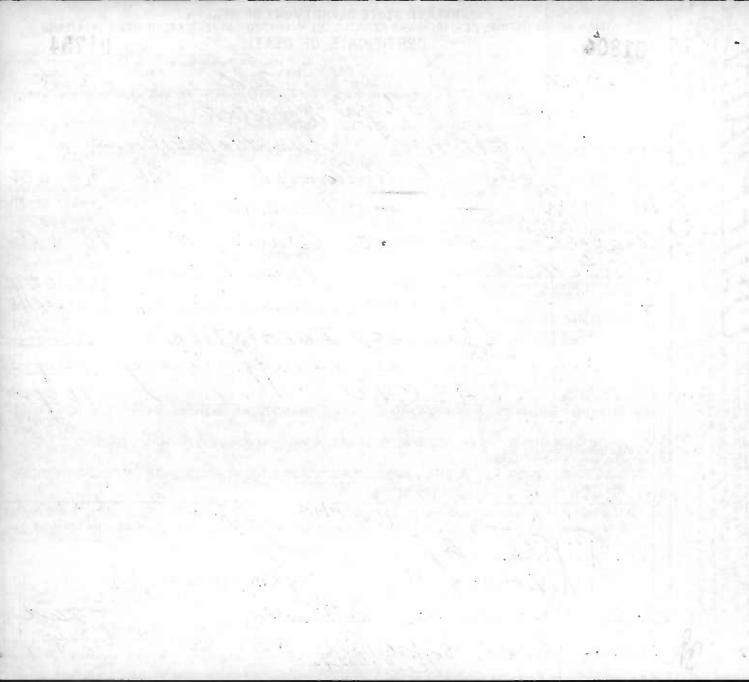
	1. PLACE OF DEAT a. COUNTY	Baltimore	MARYLAND		E (Where deceased lived, If instituty) Tyland b. COUNTY	
	b. CITY OR TOV WITE RURAL Park	VN (if outside corporate limits, Land giva nearest town) VILLE	c. LENGTH DF STAY IN 1b		outsida corporate limits, writa rkville	RURAL and give nearast town)
	d. NAME OF HO	SPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
		Harris Ave.		8009	Harris Ave.	YES NO NO
	3. NAME OF DECEASED (Type or print)	A.M. Katherine		Last	4. DATE Month OF DEATH February	9, Year 19 66
	5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
	Female	White WIDOWED	DIVORCED _	Sept. 11,18		
	10a. USUAL OCCUPA during most of worl		(IND DF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	At home			Marylan	d.	U.S.A.
	13. FATHER'S NAM	ME		14. MOTHER'S MAIL	DEN NAME	
ı	Juli	us Berger		Marg	aret Schmidt	
	15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No No	(If yes give war or dates of service)	Jul	ius F. Adam	s 8009 Harris Av	
		DEATH [Enter only one cause per	line for (a), (b), and (c).]		20111	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tatour	2 Count	al Colde	100 3 grs
	427	DUE TO Z			relevus	
	Conditions, if	any, which) (b)	o en la	and andors	sclesses	
	gave rise to cause (a),	Immediate (0			
	underlying cau		BIELL WILL			
	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
,	ICAT					YES NO
	C OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) 20b.	DESCRIBE HOW INJURY OCC	JRRED. (Enter nature o	f Injury in Part I or Part II of i	tem 18.)
	0			CE OF INJURY (Homa, fabry, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	Hour a.	.m. While	- NOT WILL -	ory, acticot, office blug., c		
		fy that (I) (this hospital) attend	led the deceased from	tan: ,1	946 to 2/9	1964 that (1) (we) last
		eceased alive on		t death occurred at		d on the date stated above.
	22a. SIGNATI		5 11		2	22b. DATE SIGNED
1	100	me-1/10	NE M.I		MED. DIRECTOR PHYS.	2/11/6/
	22c. Physici			22d. AODRESS		1 10
	NAME (1	Conrad L. Ric	chter M.D.	3128	Harford Road	
	23a. BURIAL, CRE	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
	Burial (S)	2/12/66	Moreland Mem		Parkville,	Md.
1	24. FUNERAL DIR		ADORESS	25a. RE	C'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
3	ULITICA .	Funeral Home 4210	Belair Road.	DATE	B 16 1958 gcc	ianles Judge
						- 17 U



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) I director. Page or your files. e. COUNTY b. COUNTY e. STATE BALTIMORE Baltimore Mary land Heal MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) ö RANDALLSTOWN Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X retained State 8700 Block Liberty Road 1123 HØllen Road 21212 and 3 to the for NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH WALTER SCOTT ALLEN 19 66 with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 2 with 2, and 5 may 1d 2 with hours lest birthdey) Months Days WIDOWED DIVORCED Male White an. 19,1933 33 106. KIND OF BUSINESS OR INDUSTRY 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? This certificate should be executed within 24 hours aft done during most of working life, even if retired) lotalizator echnicianin pencil in Item 18. Give Pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME form PM3 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) Marie (. Allen Office along with burial-transit perm XXXXXX same 68. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN = ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries and IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if env. which (b) geve rise to immediate cause "pending" m Examiner's DUE TO Se (e), steting the underlying ceuse lest. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the word 9 NO T Medical pluods 20b. DESCRIBE HOW INJURY OCCURED. JEnter nature of injury in Pert I or Part II of Item 18.)
Body found along side of road in 8700 block of Liberty Road 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Thought to be victim of hit and run driver of 120d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, form, 201. (City or fown) should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 AMonth, Dey, Yeer (County) (Stete) fectory, street, office bldg., etc.) While Not While C 2-13 19 66 et work et work Highway prior Randallstown Balto Md 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ease execute SIGNATURE DEPUTY M DEPUTY MEDICAL EXAMINER 2-14-66 EXAMINER'S RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) it's REMOVAL (Specify) 0 g40 Holu em. burial REGISTRAR'S SIGNATURE Marles Judge 5M 7/59

BENEFA TOWN and a superior of the superior . Al cast A . L pass the series Int. to the first the case of the first

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01804 PLACE OF DEATH CERTIFICATE OF DEATH death. funezed 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give peares) town) c. LENGTH OF STAY IN 1b c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1-77 hours 7 Page hours astock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 8. IS RESIDENCE within 72 ON A FARM? 24 NO 4 within completely pou 3. NAME DE Middle Wlatast DATE Month Day Year DECEASED 0F event, (Type or print) DEATH 19 executed physician and comen physician and in any even SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH last birthday) Months I Days Hours 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHRLACE (County & State, or foreign country) 12. CITIZEN OF WHAT HNDUSTRY certificate be during-most of working life, even if retired) COUNTRY? FATHER'S NAME removal, MOTHER'S MAIDEN NAME attending ermit. Ther ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the the burial-transit or to burial, cremati INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which (b) gave rise to Immediate has been as the b prior to b DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO [YES PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING hed t OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. this detach MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While at work at work p.m retained 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SICNED ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. TO FUNERAL D director, pag should be file тау O HOSPITAL PHYSIC AN'S NAME (Type) **ADDRESS** 22C. 22d. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. REMOVAL (Specify) creak REGISTRAR'S SICNATURE FUNERAL DIRECTOR REC'D BY RECISTRAR I ADDRESS 25b. udal 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

I	DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
1	01805 CERTIFICAT	E OF DEATH	11755
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	Residence before admission)
	BALTO MARYLAND	a. STATE b. COUNTY	Minnes
ŀ	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1	write RURAL and give nearest town)	0 . P	22 1
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	T 1/		ON A FARM?
1	104500 NURSING Home	OUX N3 MANORNO	YES NO
l	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) LOUISE JOPHIA HI	RMCSS DEATH L///	1966
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In Years IFUNDER Last birthday) Months	Days Hours Min.
1	WIDOWED DIVDRCED	5/9/60 97- yrs.	
	10a. USUAL OCCUPATION (Give Kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY		ITIZEN OF WHAT OUNTRY?
L		Chicago	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
I	Wm. Bell	LOUISE STEINDORF	<
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
1	(Yes, no, or unkown) (If yes give war or dates of service)	an Same	
17	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 1	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	in Lailuse	ONSET AND DEATH
1	14500 IMMEDIATE CAUSE (a) LEWIS WILLIAM	A Sianne	
ł	DUE TO	21 12 21	
1	Conditions, if any, which gave rise to immediate (b)	(NOSKI)	
ı	cause (a), stating the DUE TO		
1	underlying cause last. (c)	TOTAL TERMINAL PROPERTY OF CONDITION OF THE PARTY (A)	119. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 203. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
	014		YES NO
	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18	3.)
1	facto	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Co	unty) (State)
1	P.m. 19 While Not While at work		
ı	21. I certify that (I) (this hospital) attended the deceased from	lua 10 1966 to 186- 7 196	that (I) (we) last
1		t death occurred at 220 PM, from the causes and on t	the date stated above.
1	22a. SICNATURE	22b. I	DATE SIGNED
1	Laurelle C. lost 1 M.D	D. ATTENDING MED. STAFF DIRECTOR PHYS. 2	18766
1	22C. PHYSICIAN'S NAME (Type) / ALL PEACET OF POT	22d ADDRESS //	F/ 15 M.
1	LAURENCE C. 1051	6805 yosk Ra, - Paller	WOTE - 10
	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
1	Penalian 2/9/66 brown mo	UNT BALTO	一种
1	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	1/11 DUNIOUS GOBT HARA	FORM THEB 10 1966 Clearle	Judge
1	17 17 17 17 17 17 17 17 17 17 17 17 17 1		11

VR A15 (4) 15M 4-64

1911 - William to lot to to the roller wife to the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please permore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11800	ATTITIONIE OF DE	AIII	
1. PLACE OF OEATH a. COUNTY	2. USUAL RE e. STATE	SIDENCE (Where deceased lived, If institutio b. COUNTY	n: Residence before/admission)
Baltimore	MARYLANO Mary	and	
write RURAL and give nearest town)		WN (If outside corporate limits, write RU	RAL and give nearest town)
Towson	Balti street address) d. STREET AO	21206	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giv	street address) d. SIREET AU	Arizona Ave.	ON A FARM?
St. Joseph Hospital	4208		YES NO
3. NAME OF FIRST M	iddle Last	4. DATE Month	11 19 Year 66
(Type or print) Homer	R. Baer	OEATH February	11 19 60
5. SEX male 6. COLOR OR RACE 7. MARRIEO X NEVER WHOOMEO	MARRIEO 8. OATE OF BIR July / 2		OER 1 YEAR IF UNDER 24 HRS. hs Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS	INESS OR 11. BIRTHPLA	ACE (County & State, or foreign country) 12	CITIZEN OF WHAT
during most of working life, even if retired) Retired - Trice Mar. Samuel	Hutman Pennsyl	wani a	COUNTRY?
13. FATHER'S NAME OF TICE ///O/L SAMUEL		S MAIOEN NAME	USA _
John A. Baer	44	ret Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC		Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Mrs Vale	1: M R	
		ria III. Daer	I INTERVAL BETWEEN
18. CAUSE OF OEATH [Enter only one cause per line for (a),			ONSET AND OEATH
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Acute my	ocardial infarcti	on secondary to	
420/ OUE TO right co	ronary occlusion.		
Conditions, If any, which (b)			
gave rise to immediate (
cause (a), stating the			
	ATH BUT NOT DELATED TO THE TED!	JINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
Dansen tal dansen language Chan			PERFORMEO?
Perforated duodenal ulcer; Cir			YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE Perforated duodenal ulcer; Cir 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRI	OW INJURY OCCURREO. (Enter na	ture of Injury in Pert I or Part II of Item	1 18.)
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCC			(County) (State)
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCC Hour a.m. p.m. 19 at work a	fectory, street, office	oldg., etc.)	
	F.00	10 66 to Feb. 11 1	66
21. I certify that (I) (this hospital) attended the de	ceased from Feb. 9		9, that (I) (we) last
saw the deceased alive on Feb. 11 19	, and that death occurre	ed at 5:45M, from the causes and o	on the date stated above.
22a. SIGNATURE	ATTENOING	MEO. STAFF	. OATE SIGNEO
I william of Will	PAG M.O. PHYS.	OIRECTOR PHYS. X 2	/12/66
22c. PHYSICIAN'S	M D 220 620 ADDR	Essork Rd. Bilthine.	Mr. 21.0+
NAME (Type) William L. Wilkie,	M.D.		
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or	county) (State)
REMOVAL/(Specify)	on Cemetery	Meyersdale.	Penna.
	ORESS 1 25		
Leonard J. Ruck Inc. Baltim	one, Md. OA	FEB 1 5 1966 July	0 0 %

VR AI5 (4) 20M 1/65

dies les laborel : Penerglands of gradulation mailtonibut factorings which Joseph . To a transfer of the Lambers because he are training A ANSAS DE LA COMPANION DE LA Syriat 1-10-66 thior (Enetany Paymentacker Fearta. Leginary & Such Inc. Softsmeres Mil.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages,1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 17	1000								w	
1. PLA a. (CE OF DEAT	H BALTIMORE		MARYLA	AND		ICE (Where dece RYLAND			esidence before admission)
b. (CITY DR TOW	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (I	f outside corpo	orate limits, wri	te RURAL	and give nearest town)
		HOWARD	vii)	20 DAYS		BA	LTIMORE	- 21221		0=-1
			and the second of the	nospital, give street add	iress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	VETERA	ns administ	TRATION	HOSPITAL		343 STIL	IWATER :	ROAD		YES NO X
	ME DF CEASED	F	Irst	Middle		Last	4. DATE	Month		Day Year
	pe or print)		TEVEN			BALINT	DEATH	FEBRUA	RY	8 19 66
5. SEX	(6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER	1 YEAR IF UNDER 24 HRS
MA	TE	WHITE	WIDOWED	DIVORCED		JANUARY 23	,1916	yrs.	Months	Days Hours Min.
E	LECTRI			KIND OF BUSINESS OR INDUSTRY A Hospital		NEW YORK	, N. Y.		12. CI	TIZEN OF WHAT DUNTRY?
13. FA	THER'S NAM	E				14. MOTHER'S MAI	DEN NAME			
	JOHN B	ALINT				HELEN	URBAN			
15. WA	SDECEASED	EVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17.	INFORMANT		Addres	S	
	ES .	WW II		73 07 7665	CI	IN RECORDS	. VA HO	SPITAL.	FT HO	OWARD, MD.
18.	CAUSE DF	DEATH (Enter only on		line for (a), (b), and (c).						INTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY	ACUTE	MYOCARDIAL	INF	PARCTION LE	FT VENT	RICLE		RECENT PEATH
	420	1								
Cor	nditions. If	any, which \	CORON	IARY OCCLUSION	ON					RECENT
gav	re rise to	Immediate ((b)							
	ise (a), si derlying caus									Carte Charles
			(c)	UTING TO DEATH BUT NO	TRELAT	TED TO THE TERMINAL	DISFASE COND	ITION GIVEN IN I	PART 1(a)	119. WAS AUTOPSY
BR	ONCHOP	NEUMONIA, I	PULMONA	RY EDEMA.	PASS	IVE VENOUS	CONGES	TION VIS	CERA	PERFORMED?
E 20:	ACCIDENT.	WAS UNDERLYING	1 20h	DESCRIBE HOW INJURY	Occili	OPEN (Enter nature (of Injury in Par	t Lor Part II of	Item 18	May
PAR BR 2DG CERTIFICATION	CONTRIBUT	ING CAUSE OF DEA	TH NER)	DESCRIBE NOW INSORT	00001	WED. (Eliter liature t	ot mjuty m rai	c r or r are ir or	rtem 20.	
MEDICAL		INJURY Month, Day,	Year 2Dd.	INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, 1	farm, 20f. (C	Ity or town)	(Cou	inty) (State)
	Hour a.i		While at wor		tactor	y, street, office bldg.,	etc.)			
		177		led the deceased fro	m 1/	19/66	19 to	2/8/66	10	that (AK(we) last
		ceased alive on	2/8/66						_,	he date stated above.
	a. SIGNATU		2/0/00	, all	u tilat	death becomed ap	المحريطين الا	il the causes		ATE SIGNED
		(12.00.		3. 5	CA.D.	ATTENDING	MED.	STAFF PHYS.	2/1	8/66
220	c. PHYSICIA	AN'S	/-	0					10000	0/00
	NAME (T	ype) WILLIAN	4 B. KI	NGREE, M. D.	•	VAH FOR	T HOWAR	D, MARYI	AND	
23a B	URIAL, CREN	MATION, 23b. DATE	THEREOF	1 23c. NAME OF CEM	FTFRY	OR CREMATORY	1 23d. LOC	ATION (City, to	WIL OF COL	unty) (State)
R	EMOVAL (Sp	ecify) 2/11/		DATETHOD	THE TATE	AMTONIAT	DAT	MTMODE	MADV	T A NITA
	URTAL UNERAL DIRI			BALTIMOR Bruzdziński	TE IN	TILONALI	EC'D BY REGIST	RAR 25b. RE	GISTRAR'	'S SIGNATURE
4	mers	-/dunker	ch.	Bruzdzinski	Fu	neral Home	h.d			
7	1	Mary Land		1407 Easter	n A	venue, Bali		u.	1	
		00				LE	DITI	366	uarel	as Judge

STORE OF TENER L. RINGERSTON OF THE OACH TETALTERS EAE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF	STATISTICAL R	ESEARCH	AND RECO	RDS. 3	DI W. PRESTON	STREET, B.	ALTIMORI	1. MARYL	AND
	04000			ERTIFIC	ATE	OF DEATH			(1)	1758
1.	PLACE OF DEATH	Item	#3 Fili	n #G373	3/17/	2. USUAL RESIDEN	ICE (Where dece	asad livad. If in	stitution: Residen	ce before admission)
	. COUNTY Za	,			THAT .	a. STATE	/	b. COUNT		7)
_	b. CITY OR TOWN (if	- / U +		MARYI LENGTH OF STA		c. CITY OR TOWN	d_	to limite mate	DALL	U,
	write RURAL end g	ive neerest town)		TENGTH OF STA	I III ID	1	NSV/L		KOKAL end give	neerest town)
_	d. NAME OF HOSPITA	SVILLO		alore street a did-		d. STREET ADDRESS		- E		e. IS RESIDENCE
	6307	FREDER	2	RL	251	6307 F	REDER	PICK	RL.	ON A FARM?
3.	NAME OF DECEASED (Type or print)	mie First	M.	Middle B A	11/7	Lost	4. DATE OF DEATH	Month	Dey	Yeer 1966
5.	SEX	6. COLOR OR RACE	MARRIED IV	NEVER MARRIED	1 8.	DATE OF BIRTH	9. /	AGE (In yeers	F UNDER 1 YEAR	IF UNDER 24 HRS.
n	4	1 1	WIDOWED	DIVORCED	- 6	/12/79	9 \$		Months Deys	Hours Min.
10a	ne during most of work	N (Give kind of work ing life, even if retired	1Db. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or for	eign country)	12. CITIZEN C	F WHAT COUNTRY?
	HOUSE	-WIFE				Md				
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			
-	JOHIV	_ , , , , ,	DRNE	-R	/	MAY A.	BOWE	FRS		
	WAS DECEASED EVER			IAL SECURITY NO	O. 17. IN	FORMANT	2.	Address	TO	
-					MEI	VKY H.	BAN	72 Y	R.	
		ATH [Enter only one of WAS CAUSED BY:	ause per line fo	0.0.01	H	- 0 0			9	SET AND DEATH
		MEDIATE CAUSE (e)_	- COL	elt lak (iner	noschero:	SIC			ears
B	Conditions, if any,	DUE TO (b)	A	SCVI	0				9	leare
	geva risa to immediat	e ceuse								1
	(a), stating the und	derlying (c)								
z	PART II. OTHER S		ONS CONTRIB	UTING TO DEATH	H BUT NOT	RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIVE	N IN PART 1(e) 1	
CERTIFICATION	THE PARTY		0000							PERFORMED?
IFIC	2Da. ACCIDENT WAS		2Db. DESCRIB	E HOW INJURY	OCCURRED.	(Enter netura of injury i	in Pert I or Pert II	of item 18.)		
CERT	OR CONTRIBUTING [CAUSE OF DEATH								
MEDICAL	20c. TIME OF INJURY Hour a.m.	Y Month, Dey, Yeer	20d. INJUI While at work	RY OCCURRED Not While at work		OF INJURY (Home, fero treat, office bldg., etc.		r town)	(County)	(State)
		et (I) (this hospital	1) attended	the deceased	from	11/1	1965 to	2/9	1966	hat (I) (we) last
		d alive on		_ , _		eath occurred at.!				
	22e. SIGNATURE	Molan		and the	M.D.		MED. DIRECTOR	STAFF PHYS.		27b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type	J.J NO	LAN			Baltimo	re mar	Sand	212	29
23		N, 236. DATE THERE	OF 230	. NAME OF CE	METERY OF	CREMATORY	23d LOCATI	ON (City, town	n or county)	(State)
5	REMOVAL (Specify)	2/5/6	5 6	-OUDO	ON.	PARK	BAL.	10.1	20.	
24	FUNERAL DIRECTOR'S	SIGNATURE	301	ADDRESS	ERIL	- RI 25a. RE	C'D BY REGISTRA	R 25b. REGI	STRAR'S SIGNA	TURE
-	,5. MA	CNABB		19 10 D	17616	DATE	B 1 4 19!	SB 901	iarley 1	udge
_										77

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please kender carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 750

ILLOWS # 5 &c	10a 11 1m #51/3 2/1/	/00 DC	U she ii U U
1. PLACE OF DEATH 2. COUNTY Baltimore	2. USUAL RESI	DENCE (Where deceased lived, If Institution: b. COUNTY	
	MARYLAND		ltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH DF STAY IN 1b C. CITY OR TOW	N (If outside corporate limits, write RURA	L and give nearest town)
Baltimore 21207	7-744		1 = 1
		more, 21207	03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	, give street address) d. STREET ADOR	RESS	e. IS RESIDENCE ON A FARM?
3511 Washington Ave.		shington Ave.	YES ND
3. NAME DF First DECEASED	Middle Last	4. DATE Month	Day Year
(Type or print) Paris Parris	C. Barden	DEATH Feb.	12 19 66
F 05V 1 0 00100 00 04051	1 0 0.00 00 0.000		R 1 YEAR HE UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED _ 0. OATE OF BIRTS	last birthday) Months	Oays Hours Min.
Male White WIDOWED	OIVORCED O/1/100	67 yrs.	Oays Hours Inni.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF	RUSINESS OP 111 RIPTHPLAC		CITIZEN OF WHAT
during most of working life, even if retired) INDUSTR		L (Objint) & State, of foreign country,	COUNTRY?
and the second of the second o	rn Electric Virgin	de la	U.S.A.
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	U. D. No
20. TATIEN S NAME	14. MOTHER S	MAIDEN NAME	
Thomas Barden	Months	Davis	
	SECURITY ND. 17. INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	. SECORITI NO. 17. IN DRIMAN	Addiess	-7
03/	00 0000 37 5		CONTRACTOR OF THE PARTY OF THE
No ZIO		e M. Barden-3511 Was	
18. CAUSE OF DEATH [Enter only one cause per line for	(a) _f (b), and (c).]	11/1/7:	ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	No Minnaidos	as lindar sina	ORSET ARE DEATH
IMMEDIATE CAUSE (a)	ac morecura	ac commenter	
420 DUE TO 0 -4	1	1	
Conditions If any which \	1100 CHOMASIA	()	
gave rise to Immediate (b)	occ occurred.		
cause (a), stating the DUE TD			
underlying cause last. (c)			
	O DEATH BUT NOT BELATED TO THE TERMI	NAT DISEASE CONDITION GIVEN IN PART 1/a) 119. WAS AUTOPSY
F TAKT II. DTILEK STAKTI TOKKI GONDITIONS GONTKIBOTING I	ODENTI BOTHOT RELATED TO THE TERMIN	MAE DISEASE CONDITION GIVEN IN FART 1(a	PERFORMED?
5			YES NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INTIDA DOCUMEN (Enter natur	ire of Injury In Part I or Part II of Item 1	8)
CAUSE OF DEATH	DE HOW INJOH! DOCORNED. (EINE! Hate	no or mjury in rate roll rate it of feeling	0.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Oay, Year 2Dd. INJURY	DCCURRED 20e. PLACE OF INJURY (Hon	me, farm, 20f. (City or town) (Co	ounty) (State)
9	factory street office blo	dg., etc.)	vanis) (otato)
D.m. 19 While No	ot While	,	
p.m. 19 at work a	L WOLK	11 - 2/10 /	
21. I certify that (I) (this hospital) attended the	deceased from	, 1961, to 2/10, 195	that (I) (we) last
saw the deceased alive pn	19 and that death occurred		the date stated above.
22a. SIGNATURE	, and that double becomed		OATE SIGNEO
ZZa. SIGNATURE	ATTEMPANO		ONIE SIGITED
MININI CALVIA	M.O. PHYS.	MED. STAFF PHYS.	
22c. PHYSICIAN'S	1 22d. ADDRES		
NAME (Type)			
Dr. Milton Schlene	off Kindsor	Mill & Gwynn Oak Ave	-7
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c.		23d. LDCATION (City, town or c	ounty) (State)
REMOVAL (Specify)		220 22000000000000000000000000000000000	
Burial 2/15/66 Dr	mid Ridge	Reltimone Md	
24. FUNERAL DIRECTOR		REC'D BY REGISTRAR 250 REGISTRAL	R'S SIGNATURE
Toring Ryong-9720 Tibert- Da	Danda 27 of com 344	FR 16 1968 Milian	les Judge
Loring Byers-8728 Liberty Rd.	Maridallstown, MdeDAT	ELD TO 1330	and June

VR A15 (4) 20M 1/65

exception. STOCKED THE . 51 1.5. ore 2.207 Tilling enough 3511 ashirmon ve. .511 .1 5 1.1 5 ... 5 Est Store අශ්ව[්] C. commen Mile Mitte 9/1/1898 Sup srinters eat estern Electric Virginia . A. P. U ther standen Live on The 215-03-9598 This, Bernico H. Border-5511 Machineton Ave.

Dr. Milton Schlanoff Tionson Will & Cagran Ocic ave. -7

Burial E/II/cs e Broid Fidee

Pallot entre 12 Se

Loring Syers-Tib Linerty Md. Endallstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RAI TIMORE 1, MARYI AND

	01810	CERTIFICAT	E OF DEATH	, , ,	01760
1.	PLACE OF DEATH a. COUNTY TOWSOTT Ballemore	MARYLAND	2. USUAL RESIDENCE e. STATE Mary	(Where deceased lived, If institution: b. COUNTY	Residence before admission)
m	b. CITY OR TOWN (if outside corporate limit write RURAL and give nearest town)			utside corporate limits, write RURA	end give nearest town)
T	d. NAME OF HOSPITAL OR INSTITUTION (If n	not in hospital, give street address)	d. STREET ADDRESS	e, Maryland	e. IS RESIDENCE ON A FARM?
	St. Joseph Hospital			sterfield Ave.	YES NO 🗵
3.	NAME DF First DECEASED (Type or print) Theresa	M. Middle Bar		4. DATE Month DF DEATH 2 4 25	Day Year
5.	SEX 6. COLOR OR RACE 7. MA		8. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS. Days Hours Min.
	SING TO I WILL OF	DOWED DIVORCED DIVORCED	4_4_1048 189	67 yrs.	
dur	los most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR NOUSTRY JONE		C	OUNTRY?
13	EATHEDIC MAME	Spence	Balto M.	N NAME	7
15			I I I I I I I I I I I I I I I I I I I	Marguerite	
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? If yes give war or dates of service	214-01-5775 Mr.	. George Bo	vry Address (Same)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Pulmonary Edema Terminal Ca Of	Omentum with	Metastasis	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO
	2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of li	njury in Part I or Part II of Item 18	5.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While at work at work	CE OF INJURY (Home, farm ory, street, office bldg., etc.	n, 2Df. (City or town) (Co	unty) (State)
	21. I certify that (I) (this hospital) a saw the deceased alive on 22a. SIGNATURE	attended the deceased from 2 2=22 19 66, and that	-13-66 , 19 t death occurred at 1	194, from the causes and on	66, that (I) (we) last the date stated above.
	22c. PHYSICIAN'S	elson de la Paz	22d. ADDRESS	ED. STAFF	22-66
238	BURIAL, CREMATION, 23b. DATE THEREC		OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
24	FUNERAL DIRECTOR Puck Inc	Balto. Md. 2	1214 25a. REC'I	24 1966 Julian	es Judge

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
01211	CERTIFICATE OF DEATH	01761

1. PLACE OF DEATH: a. COUNTY, 1. COUNTY, 1. COUNTY, 1.	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 2. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write Ryral and give nearest town) MARYLAND LENGTH CF STAY IN 1b	c. CITY OR TOWN (Is outside corporate limits, write RURAL end give nearest town)
Kandallsteun 3 days	pallunew 03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
Baltimore County Gen. Dop	3706 Laburnian Drive YES NO DO
(Type or print) NAME OF DECEASED (Type or print) Clysle A. Saction	Last 4. DATE Month Day Year OF DEATH Feb. 15, 1966
5. SEX 6. COLOR OR RATE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
Inale White WIDOWED DIVORCED	10/25/1888 10/25
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Structural Iron 13. FATHER'S NAME	Penna. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Bastin	Marie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Randallstown, M
No 216-07-2896 Lu	icille Bowen 3706 Laburman Dr.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DILATERAL FOR	ONSET AND DEATH
5271 DUE TO 10 1:	a , 0'-
[Conditions, If any, which] (b) (ongo fue)	least Tailine
gave rise to immediate cause (a), stating the DUE TO	
underlying cause tast. (c) Company Remo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I CA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUPANT (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 at work at work	ory, street, office bldg., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from	66-13 19 66 to 706-11 19 66hat (1) (we) last
	at death occurred at // SM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
d. 12 derma M.	D. ATTENDING MED. DIRECTOR PHYS. 2-1566
22c. PHYSICIAN'S NAME (Type)	224. ADDRESS O
MAINE (1900) L. B. LCD/YIA	paltinare Curry Cen, Tesp
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y ØR CREMATORY 23d. LOCATION (City, town or county) ((State)
Burial 2/19/66 Lorraine Co	emetery Baltimore, Maryland
24. FUNERAL DIRECTOR / /) ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ellsworth Arma cost 4600 Liberty Height	s Ave. DATE FEB 17 1966

VR AI5 (4) 20M 1/65

18719 Christs. Committee to the property of the party of th C. STORY . "L. -11 E C (C = . -0). The second secon syron ligresine Communey Tallinoes, claryton out . va madeier wree in took a count . This

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1806 Summit Avenue 1806 Summit Avenue NAME OF 4. DATE Middle Month DECEASED (Typa or print) DEATH February Elizabeth Bauersfeld 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR lest birthdey) Months Female WIDOWED TO DIVORCED July 14. 1884 White 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Baltimore. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mr. Weinel Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 7304 Martell Ave. Mr. Paul Bauersfeld 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19, WAS AUTOPSY CERTIFICATION 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work p.m. une and that death occurred at O M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATUR PHYS. Ч DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Baltimore, REMBY & Secify) Feb. 7, 1966 Parkwood Cemetery Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Clarence Hoffmann Funeral Home 3218 Hudson St.

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO 4

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Day

U. S. A.

(County)

VR A15 (4) 20M 5-63

FUNERAL rector, page 3

P. F. B

HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1	01313			CERTIFI	CAL	E UF D	EAIH				0117	63	
P	1	PLACE OF DEAT	Н				2. USUAL R	RESIDENC	E (Where	deceased lived, If	institution:	Residence	before ac	imission)
	1	a. COUNTY	Baltimore				a. STATI	Mam	land	b. CO	UNTY		-	
1		b. CITY OR TOW	N (if outside corpora	te limits.	MARY		C CITY DP	TOWN (IF	outside o	corporate limits,	urita DIIDA	1 and als	to neares	t town)
П		WITTE KUKAL	and give nearest toy	vn)	110 Days	20	o. o	Balti			WILL KOKE	ac onu gr	o noarca	/ town,
ŀ		Fort I	loward SPITAL OR INSTITUTION	ON (If mak In h		Idea >			niore			50	- 7	
1						aaress)	d. STREET A	DURESS					ON A F	ARM?
	_		ns Adminis					Parks		Drive		1	ES 🗌	NO TOK
1	3.	NAME OF DECEASED		rst	Davido		Last		4. DAT			Day	Yea	
	-	(Type or print)	CHRIS		D	BAY			DEA			19	195	
	5.	SEX		7. MARRIED	NEVER MARRIE		B. DATE OF B			9. AGE (In year last birthday	IF UNDE	R 1 YEAR		
		Male	White	WIDDWED	DIVORCE		11/27/0	09		56 yrs.	Months	Days	Hours	Min.
1	10a.	USUAL OCCUPATION MOST OF WORK	ION (Give kind of work ing life, even if retire		IND OF BUSINESS OR		11. BIRTHP	LACE (Co	unty & Sta	ate, or foreign coun	ry) 12.	OUNTRY	OF WHAT	
		Floris			orist MXWH	()	Baltin	more.	Marr	rland		S.A		
ľ	13.	FATHER'S NAM	E		02 200 (120)	1	14. MOTHE	R'S MAIDE	EN NAME	y decarre		ALLAN		
1		Henry	T. Baynes				S	phia	Gri	ah				
1	15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIALSECURITYNO	. 17.	INFORMANT	pirita	OI I	Addı	ess			
1	(162	Yes	(If yes give war or dates o		-30-85-79	CT	n Pag	TEATT	771	4 77- 3		_		
	1		DEATH [Enter only on			11	TH. Wec.	VAII	FOF	t Howard,	Mary	Land	RVAL BET	WEEN
		PART I. DEATH WAS CAUSED BY:							ONS	ET AND				
I		1/4/ /							_DA	YS				
I		DUE 10												
1		Cenditions, If any, which gave rise to immediate (b) CARCINOMA OF THE LARYNX							YE	YEAR				
1		cause (a), st	tating the DUE	TO										
1	2	underlying caus		(c)										
	CERTIFICATION	PART II. OTHERS	IGNIFICANT CONDITION	ONS CONTRIBL	ITING TO DEATH BUT N	OT RELA	TED TO THE TEI	RMINAL DI	ISEASE CO	ONDITION GIVEN I	N PART 1 (a) 19. YE	WAS AU PERFOR	TOPSY MED? NO
1		20a. ACCIDENT	WAS UNDERLYING	20b. [DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter r	nature of	Inlury In	Part I or Part II	of Item 1			
1	CER	OR CONTRIBUTI	NG CAUSE OF DEA	TH NER)										
	A.		NJURY Month, Day,		NJURY OCCURRED 2	ne PLAC	CE OF INJURY	Home far	m 20f	(City or town)	(0)	unty)	19	tate)
	MEDICAL	Hour a.n	n.	While	Not While		y, street, office			(orty or town)	(00	unty/	(0	tate
1	Σ .	p.r		at work							-			
ı		21. I certif	y that XX(this hosp ceased alive on F	oltal) attende	the deceased fr			10	55 A	Feb. 1	9_, 196	6_, th	apolity (N	e) last
1	-	22a. 'SIGNATUR		69.	1900, a	nd that	death occur	red at	WI,	from the cause	s and Dn	the date	stated	above.
1		7	in CX	111110	net Y		ATTENDING		ED.	STAFF				
1		22C PHYSICIA	N'S	2.12.00		- M.D.	PHYS.		IRECTOR	PHYS.	11 2	/19/	00	
4		NAME (Ty		KIMMEI	M.D.			HOSP:	TTAT.	FORT HO	WARD,	MAD	VT ANT	,
1	23a.	BURIAL CREM				METERY	OR CREMATOR			LOCATION (City,			-	ate)
		REMDVAL (Soe	eclfy)						1					ate)
1	24.	Burial FUNERAL DIRE	2/23	/66	Baltimore			Ea DEO	D DV DE	Baltimore GISTRAR 25b.	Mar	ylan	ATURE	
)					3331 Breh				O O		0			
1	Sc	himmnek	Funeral Hou	ma	Baltimore	Mar	vland o	AFE B	23	1956	Maril	By Va	wat	

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0.5.4.	basigned anomit	Dail Or	avor Jairot		Salmoff
	Sophia Grieb			the state of	*****
Boardant , 6	e, VAR, Fort Roun	Oldn.Re		S II W	3
D.178		FACUORAY	TVBESHED		
EARY		MARIA SEA	NO WENTON		
	. 12: 13: 18.	.woll	01	.500	
30/61/2					
DIAMETERS.	e			DOUG E. KING	
e, Muryland		pred less	ing ites Ing ites Ing ites	and ferror	felus A denomina

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	13.613			CERTIFICAT	E UF DEATH				120	4
1.						E (Where decease	d lived, If institution	: Residence	before ad	mission)
13	a. COUNTY	Baltimore			a. STATE	arl and	b. COUNTY	Wash	inate	2
_	h CITY OR TOW		1 1A	MARYLAND		yland	As In the contact DUIC		ingto	
	write RURAL	N (if outside corporate I and give nearest town)	imits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpora	te limits, write kur	AL and giv	re neares	t town)
		Owings Mills	5	1 mo.	Hag	erstown		2	1 -	X
- /	d. NAME OF HOS	SPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			. 6	ON A F	DENCE
		Rosewood Sta	to H	oenital	Pou	te 2			-	NO X
3.	NAME OF						Weeth			
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Yea	
	(Type or print)	Myla	ì	Gay	BEAHN	DEATH	reb.	6	19 (
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UND t birthday) Month	ER 1 YEAR		
	Female	White	WIDOWED	DIVORCED	7/14/54	Ida	// yrs. Month	s Days	Hours	Min.
-		TON (Give kind of work don		(IND OF BUSINESS OR	1 11, BIRTHPLACE (Co	ounty & State, or f		CITIZEN	OF WHAT	
dur	ing most of work	ing life, even if retired)		NDUSTRY				COUNTRY	?	
	Dependent			none	Berkley Sp		. Va.		U.S.	.A.
13.	. FATHER'S NAM	E			14. MOTHER'S MAID	EN NAME				
	Dale E.	Beahn			Helen Bo	hrer				
	. WAS DECEASED	EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFORMANT	112 01	Address			
(Y	es, no, or unkown)	(If yes give war or dates of ser	vice)				37733			
	no				sewood Recor	ds, Owin	gs Mills,			
		DEATH [Enter only one ca							RVAL BET	
	PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	S	HOCK					6hBS	
	5711									
	Conditions, If any, which (b) DENYDRATION TELECTROLYTE IMBOLANCE							400	45.	
									1/	1
	cause (a), stating the DUE TO ENTERITIS (ETIPLOGY UNDETERMINE)								(De	145
7									0/	1
01	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
CA	m	ENTAL RETAIL	WATI	ON.				YE		NO X
111111111111	20a. ACCIDENT	WAS LINDERLYING	1 20h	DESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of	Injury in Part i	or Part II of Item	18.)		1
CERTIFICATION										
MEDICAL		INJURY Month, Day, Yea	r 20d. I	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (Cit)	or town) (County)	(S	tate)
ED	Hour a.r		While	MOT WHITE -	ry, street, office bldg., e	tc.)				
Σ	p.i		at wor		0/000	- / -	2/1	77		
	21. I certif	y that (I) (this hospita	il) attend	led the deceased from		965, to			at (I) (W	
		ceased alive on	-4	6 19 64, and tha	death occurred at	M, from				above.
	22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED									
	Harmy In Lolomon M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.									
	22c. PHYSICIA				22d. ADDRESS			/ /		
	NAME (T	ype)								
23:	a. BURIAL, CREM	IATION, 23b. DATE THE	REOF	1 23c. NAME OF CEMETER	OR CREMATORY	1 23d. LOCAT	ION (City, town or	county)	(St	ate)
	REMOVAL (Specify)									
24	24. FUNERAL DIRECTOR ADDRESS 1/25a, REC'D BY REGISTRAR'S SIGNATURE									
17		CAV		(// // // .	THE FEE		0.00	eles V	udal	
-	inalle	C. Arunna	sin	Man Morin	DATE	TO 190	9	~	0	
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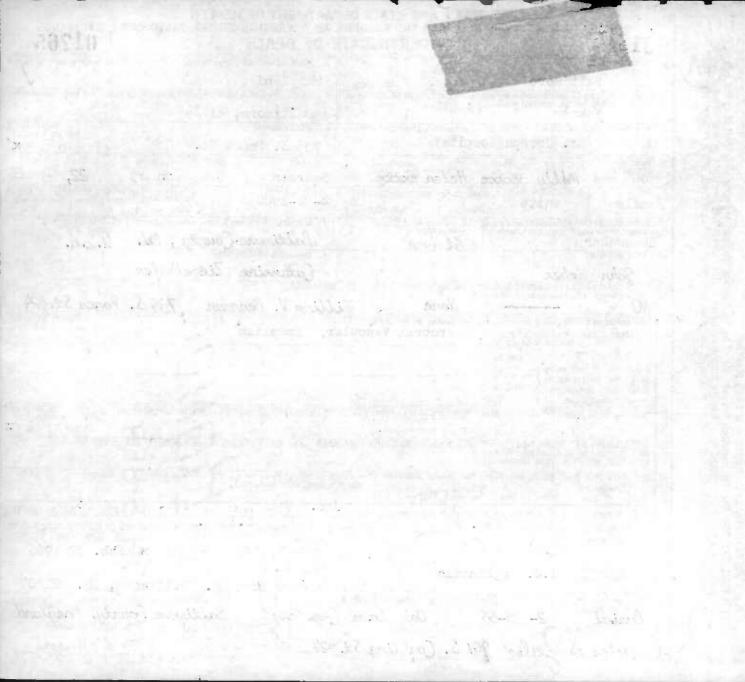
THE REPORT OF THE PROPERTY OF and the second of the second o nedy mident benigned Last bounds of a first content. enon character vertices and the product of the same of the committee and the country of the cou

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the mospital of alternoung proportions.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please rendore carbon papers. Pages 2 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filled with the State Dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()1765

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE b. COUNTY	esidence before admission)				
	Baltimore MARYLAND	Maryland b. county	V				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)				
	Towson	Baltimore, 21224	30-4				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	O. IS RESIDENCE ON A FARM?				
	St. Joseph Hospital	735 S. Ponca St.	YES NO K				
3.	NAME DF First Middle	Last 4. DATE Month	Day Year				
	(Type or print) Melly socion Helen xooks	Bearman DEATH February	22, 19 66				
-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5	3. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	1 YEAR IF UNOER 24 HRS.				
T. (WILCO WIOOWED OIVORCEO	66 yrs.					
10a dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	0 4 0 00	ITIZEN OF WHAT				
	Homemaker At Home	Baltimore County, Md. U.	S.A.				
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME					
	John Weber	Catherine Ziegelhofer					
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
(16	s, no, or unkown) (If yes give war or dates of service) None Wi	lliam V. Bearman 735 S. Por	ca St.#24				
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN				
	PART I. OEATH WAS CAUSED BY: Cerebral Vascula	ar Embolism	ONSET AND DEATH				
	33 2X IMMEDIATE CAUSE (a)						
	Conditions, If any, which						
	gave rise to immediate						
	cause (a), stating the OUE TO underlying cause last,						
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
CAT			PERFORMED?				
É	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18					
CERTIFICATION	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	inty) (State)				
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	7, and a state of the state of	//				
		Jan. 29 . 19 66 to Feb. 22 19	that (I) (we) last				
	saw the deceased alive on Feb. 22 19 66, and that death occurred at 6.1 M, from the causes and on the date stated above.						
	22a. SIGNATURE	22b. 0	ATE SIGNED				
	M.O	ATTENOING MEO. STAFF PHYS.	. 22 1966				
	22c. PHYSICIAN'S T Paglinguan	22d. AODRESS					
	NAME (Type)	7620 York Rd. Baltimore,	Md. 21204				
23a			4. 4 4				
	Burial 2-26-66 Oak Lawn	Cemetery Baltimore County					
24	FUNERAL DIRECTOR ADDRESS	25a REC'O BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE				
1	charles & Leiler 901 S. Conkling St.	#24 DATE B 25 1956 Charles	Judge				
			// - //				

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FOR STATE HEALTH DEPT.

is after death. If any is necessary, it. 2, and 3 to the funeral director. Page 26 5 any be retained for your files. TO DEPUTY N. CAL EXAMINER: This certificate should be executed within 24 hours a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. P TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages or its designated agent, prior to burial, cremation, or removal, and in any event within the contraction.

VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01767

HONE HEDENING	TI MIED KECOKDS,	SOI MILLIAMINE	THE PERSON NAMED IN	Detailing of 1, 11	S'Send
MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	

MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH ()1767
1. PLACE OF DEATH o. COUNTY Discours Baltimore MARYLAN	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. STATE Marv and DEMONSOR Baltimore
b. CITY OR TOWN (if outside corporate limits, weite, RURAL end give nearest town) Limonium	T Z THOM Z ON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) York Ridge Shopping Center 3. NAME OF Middle	d. street address 202 Fountain Ct. 9. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \)
3. NAME OF DECEASED (Type or print) Grace Elizabeth	BERRY 4. DATE Month Day Year DEATH February 11 1966
5. SEX Famale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10-11-1920 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR IND 10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IND 10b. KIND OF BUSINESS OR IND 10c. USUAL OCCUPATION (Give kind of work done) 10c. USUAL OCCUPATION (Give kind of wor	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WARYLAND 14. MOTHER MAIDEN NAME
	Carrie G. Foster 17. INFORMANT Address
(Yes, no. or unkown) (If yes give wer or deles of service) 220-05-3299	Mrs Helen A. Darney same
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause lest. (c)	
CCATIO	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO LED. (Enter neture of injury in Pert I or Pert II of item 18.)
	s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above death resulted from: Natural causes X. Accident	Suicide, Homicide, Undefermined manner CHIEF MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	M.D. ASSISTANT MEDICAL EXAMINER Febr. 12, 1966 Address (Street, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER 600 Loudon Part	RY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
23. FUNERAL DIRECTOR Leonard J. Ruck Inc Baltimore, N	Md. 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

220-05-3218 II feet of thereas Course of the same personal religion of services and appropriate to the services. derical 12-15-00 London rack (enshire Littlement, 116. Leonard S. Mack San Soletinger, Mill. 188 15 1868 A Thomas Auren

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01818			CERTIFICAT	E OF DEATH		1111001	
1.	PLACE OF DEAT	Н				Where deceased lived, If institution	: Residence before admission)	
	a. COUNTY	mana		574 040 4410	a. STATE	b. COUNTY	. cot	
-	h CITY OR TOW	more	nite I	c. LENGTH OF STAY IN 1b	C CITY OF TOWN (If outs	ide corporate limits, write RUI	RAI and give nearest town)	
	write RURAL	N (If outside corporate lin and give nearest town)	111,0,			, ,	(*)	
	Owings	m:115		3 mos= 22day	S Deal 151	And	11-2	
	d. NAME OF HO	SPITAL OR INSTITUTION (II	not in ho	spital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	Roseu	100d State	Ho	spital	Bex 164		YES NO NO	
3.	NAME DF DECEASED	First		Middle	Last 4.	DATE Month OF	Day Year	
_	(Type or print)	ION	/		Bivens	DEATH 2	5 1966	
5.	SEX	6. COLOR OR RACE 7./	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUNE last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.	
	Ale	0.0	IDOWED	DIVORCED	8-25-64	/ yrs.		
		TON (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or foreign country) 12	CITIZEN OF WHAT	
	dependen	1	440	Ne	Somerset,	Mary land	U.S.A	
13.	1				14. MOTHER'S MAIDEN			
C	larence	Arthur B	Rive	ns	Henriett	A HARCIS		
15	. WAS DECEASED	EVER IN U.S. ARMED FORCE	? 16. 5		INFORMANT	Address		
(Ye	(S, No, or unkown)	(If yes give war or dates of serv	40	ve Re	sewood Recor	A Course Mille	Mariland	
		DEATH [Enter only one car	1 00		SEWERG NECOT	o Owings mills	INTERVAL BETWEEN	
		EATH WAS CAUSED BY:	ise per in	10 (a), (b), and (c).]		, ,	ONSET AND DEATH	
	TAKT I, DI	IMMEDIATE CAUSE (a)_	HYDI	rocephalu:	s - uncompe	nsated	5 MONTES	
	1510	DUE TO		,		. 1	1, ,	
	Conditions, If		Jai	cral mei	in gomye	locele	Dirth	
	gave rise to immediate cause (a), stating the DUE TO							
	underlying caus	tating the	Prot	ab. a 150 0	LSD ITA TION	precemonia		
NO		SIGNIFICANT CONDITIONS	ONTRIBU	TING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY	
CERTIFICATION	0 10	10-1-11	F 4.	1: 0000 50 51	· · · // 1 -	u = a alania	PERFORMED?	
F	300 ACCUPENT	WAS UNDERLYING	20b, D		URRED, (Enter nature of Inju	iry in Part or Part of Item		
ERT	OR CONTRIBUT	ING T CAUSE OF DEATH	200.	ESCRIBE HOW INJUNIT OCC	ORNED. (Eliter nature of inju	ly in rail to rail it of them	10.7	
		TIFY MEDICAL EXAMINER)						
ICAI		INJURY Month, Day, Year		Cani	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)	
MEDICAL	Hour a.i		While at work	MOT MILLS []	,			
-	21. L certif	ly that M (this hospital	attende	d the deceased from_	10-14 1965	(to 2 - 5 , 19	66, that III (we) last	
		ceased alive on 2 -	5	1966 and th		AM, from the causes and o		
	22a. SIGNATU					22b.		
	Baubo	wa lo loto	1800	N	D. PHYS. MED.	CTOR PHYS. 2	-5-1-6	
	22c. PHYSICIA		100) 1 m	22d. ADDRESS	CION LE PRIS.	0 60	
	NAME (T	ype)						
00	DIIDIAL OFFI	MATION, 23b. DATE THE	EOE	23c. NAME OF CEMETE	DV OD CDEMATORY	23d. LOCATION (City, town or	county) (State)	
232	REMOVAL (SD	ecify)						
1	ourlal	2/11/66)	Rosewood C		Owings Mills	Md.	
24			4.4	ADDRESS	25a. REC'D E	1 1 1 1 1 1 1 1 1	AR'S SIGNATURE	
	. r. ELI	ine & Sons Re	eiste	rstown, Md.	DATELD	14 1968 Jana	rely Judge	

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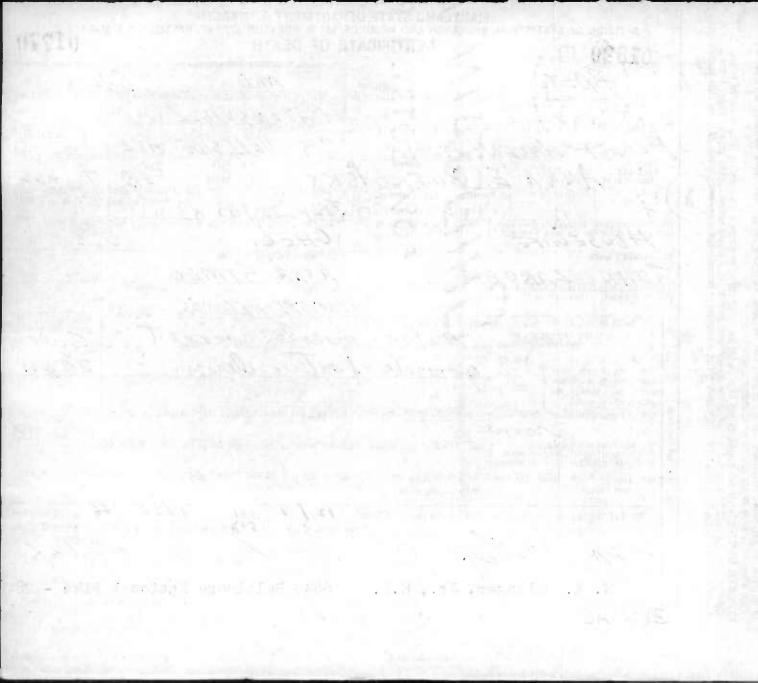
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) HEALTH DEP PLACE OF DEATH a. COUNTY b. COUNTY Baltimore 2, and 3 to the funeral director. Page Health, a. STATE Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) write RURAL and give nearest town) 9 Glen Arms, Md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Glen Arms, Md. State Boar d. STREET ADDRESS Harford Rd. NearHartlet IS RESIDENCE the Pearce's residence Back/16t/6/ the Pearce & residence YES NO I Back lot of 3. NAME OF DATE DECEASED OF the (Type or print) JOHN A mos BLAKLEY DEATH 2-8-66 19 生 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months June 10, 1923 white WIDOWED DIVORCED X male 2 yrs. ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at Page 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Service Station Attendant-Filling Station Maruland pages Office along with form PM3. burial-transit permit. File page 14. MOTHER'S MAIDEN NAME Larence Elmer Blakeli Elizabeth Finn Anna 16. SOCIAL SECURITY NO. | 17. INFORMANT Address tamily records No None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Epilepsy and Laennec's cirrhosis DUE TO Conditions, if any, which (b) "pending" geve rise to immadiata cause Ø Medical Examiner's DUE TO 98 (a), steting the underlying 50 causa last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremati YES X NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | ICAL EXAMINER: CAUSE OF DEATH. CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2-9-66 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) Bureal (Specify) Moreland Memorial Park Parkville, Maryland 0 H 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Charles 5M 7/59 John Burns' Sons. Towson, Marulana

attant of the set of the shift of the same THE PERSON OF TH there I was the way to see the way of the second brown action the amount of the best of the ma Kilmonte Finn April 20-18-1954 College Of the April 2014 as Coltensour, H.I. Talks Committee (12, 120 and later later constitution of the later constitution) The series sons, was see, three land

	MARYLAND STATE DEF	ARIMENI OF I	HEALTH		
DIVISION OF STATISTICAL I	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BA	LTIMORE 1,	MARYLAND
	OFFICIOATE	OF DEATH			01770

	GERTIFICAL.	E UF DEATH	(12001)
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
4	a. COUNTY POI TO	a. STATE M D b. COUNTY P	1/70
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and also necessar town)
	write RURAL and give nearest town)	c. CITY OR TOWN (IT outside corporate limits, write RORAL	and give nearest town)
1	ATONSVILLE	CATONSVILLE	03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM?
1	OREGI HAVEN HOME	315 NELESIDE AVE	YES NO
3.	DECEASED	Last 4. DATE Month	Day Year
17	(Type or print) ANNA E. BOTKOVS	DEATH FEB	1966
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER last Airthday) Months	Days Hours Min.
1	WIOOWED OIVORCED	1041/20 1882 83 yrs.	Days Hours I Mill.
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
uu	ring most of working life, even if retired) INDUSTRY		UNTRY?
13	. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	, -,
	Toul sans	11111 (, 2) = 1	
1/	NUAN ZARCER	ANNA SIMEC	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	INFDRMÁNT Address	
	14	OSPITPL RELAXDS	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ropular areident	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	2	3
	Conditions, If any, which \ Conditions any which \	polone mallanan	201000
	gave rise to immediate	on com sexun sus	7
	cause (a), stating the DUE TO		0
2	underlying cause last. (c)		
E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
SA	none		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
AL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)	
×	p.m. 19 at work at work		
Н	21. I certify that (I) (this hospital) attended the deceased from		6, that (I) (we) last
		death occurred at 5 12M, from the causes and on the	
	22a. SIGNATURE		ATE SIGNED
	M.O. M.O.	ATTENOING MED. STAFF DIRECTOR PHYS.	-1068
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) K. Gallager, Jr. M.D.	6630 Baltimore National	Pike - 28
23		OR CREMATORY 23d, LOCATION (City, town or cou	inty) (State)
	BREMOVAL (Specify) 2/11/66 MT. OL.	IVET WASH, D.C.	
2	FUNERAL DIRECTOR	/) / 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
	E I MARR SOIFEEDERICK	Rd FER 10 1000 Pelipula	Jules
1	-10,1/1/1/1/1/ D1228	DATE-B IU 1966 Julance	00

Page 4 may be retained by the nospitar or attending physician and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CITY OR TOWN (If outside write RURAL and give re Woodsto	earest tawn)		- IENCTEL OF	MARYLAND	o. STATE	NCE (Where decease	sed lived, if institu b. COU	INTY		odmission)
CITY OR TOWN (If outside write RURAL and give re Woodsto	le corporote limits, learest tawn)		A LENCTH OF C		120	d.		Balt	mor	e
Summi	MCTITUTION /If not in			STAY IN 1b	Woodst		te limits, write RL	JRAL and give	0	3 - 1
	L Avenue	n haspital, giv	e street address	s)	d. STREET ADDRES	Avenue			13	ON A FARM?
ME OF CEASED pe or print)	First Ruth		Middl	e	Lost Bonsal	4. DATE OF DEATH	Mor		Doy	Year 1966
CONTRACTOR OF THE SECOND	LOR OR RACE 7	. MARRIED [NEVER MA	<u> </u>	8. DATE OF BIRTH		. AGE (In years last birthday)	IF UNDER 1 Manths	YEAR Doys	Hours Min.
SUAL OCCUPATION (Give I most of working life, eve	ind of wark dane	IND	USTRY	OR	11. BIRTHPLACE (C	County & State, or fe				WHAT
					14. MOTHER'S MA	IIDEN NAME				
B. CAUSE OF DEATH (E PART I. DEATH WAS Dunditions, if any, which	nter anly ane cause CAUSED BY: MMEDIATE CAUSE (a) DUE TO gave) (b)	per line for (one	Mr		R. Bonsa			INTE	RVAL BETWEEN ET AND DEATH
ating the underlying o	DUE TO	TRIBUTING TO	D (a DEATH BUT NO	bet	THE TERMINAL DISEA	Mell SE CONDITION GIVE	itus N IN PART 1(0)		19.	WAS AUTOPSY
Oa. ACCIDENT WAS UNDER R CONTRIBUTING ☐ CAU	RLYING SE OF DEATH							3412		PERFORMED?
		While	Nat While				(City or town)			(Stote)
saw the decease	1 / 4		ed the deced	ased fram_ ••, and tha	t death accurre			and an th	ne date	
	M	elle	7	M.	11113.		STAFF PHYS.	22b. D#	ATE SIGNE	5/66
NAME (Type)					8629	Liberty				
REMOVAL (Specify)	23b. DATE THERE	OF	THE PARTY OF THE P						(County)	(Stote)
	AND DECEASED EVER IN U.S. AND DECEASED EVER IN U.S. AND DECEASED EVER IN U.S. B. CAUSE OF DEATH (E. PART I. DEATH WAS UNDER IT IN THE INTERIOR OF THE INTER	AS DECEASED EVER IN U.S. ARMED FORCES? 10, or unknown) (If yes give wor or dates of six no. or unknown) (If yes give wor or dates of s	SUAL OCCUPATION (Give kind of wark dane most of working life, even if retired) NOTE: The provided High state of the provided Hig	SUAL OCCUPATION (Give kind of work dane most of working life, even if retired) DIAMETER'S NAME AND DECEASED EVER IN U.S. ARMED FORCES? NO, or unknown) (If yes give wor or dates of service) B. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CONDITIONS, if any, which gave se ta immediate cause (a), ating the underlying couse (c) DUE TO CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF BUSINESS NAME (Type) BUSINESS 10b. KIND OF BUSINESS INDUSTRY 10c. KIND OF BUSINESS 10b. KIND OF BUSINESS 11b. KIND OF B	SUAL OCCUPATION (Give kind of work dane most of working life, even if retired) Discretife ATHER'S NAME TAS DECEASED EVER IN U.S. ARMED FORCES? 10, or unknown) (If yes give wor or dates of service) B. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave see to immediate cause (a), ating the underlying couse list. ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO OC. ACCIDENT WAS UNDERLYING (c) DR. CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19 21. I certify that (1) (this haspital), attended the deceased fram saw the deceased alive an 2 23 1966., and that 220. SIGNATURE M. SEMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR SEMOVAL (Specify)	SUAL OCCUPATION (Give kind of wark dane most of working life, even if retired) ATHER'S NAME JOHNSON ATHER'S NAME JOHNSON JOH	SUAL OCCUPATION (Give kind of work dane most of working life, even if retired) None None	SUAL OCCUPATION (Give kind of wark dane most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY None 11d. MOTHER'S MANDEN NAME 12d. MOTHER'S MANDEN NAME 13d. MOTHER'S MANDEN NAME 14d. MOTHER'S MANDEN NAME 15d. SOCIAL SECURITY NO. 17d. INFORMANT 16d. MOTHER'S MANDEN NAME 17d. INFORMANT 17d.	SUAL OCCUPATION (Give kind of work dane most of working life, even if retired) 10b. KIND OF BUSINESS OR IT. BIRTHPLACE (County & State, or fereign (aunity) 11c. COUNTY (COUNTY) 11d. MOTHER'S MANDEN NAME 12d. MOTHER'S MOTHER'	SUAL OCCUPATION (Give kind of work dane most of working life, even if retired) None 10b. KIND OF BUSINESS OR NOUSTRY None 11certify that (I) this haspital) 10b. KIND OF BUSINESS OR NOUSTRY None 11d. MOTHER'S MAIDEN NAME 11d. MOTH

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. rapletely filled in by the funeral captains and within 72 hours after dear TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 shauld be detached far use as the burial-transit permit. Then please remeshauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any Page 4 may be retained by the hospital ar attending physician. TO HOSPITAL

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Juriol 2/25/66 Cood Shedherd Malicott Uity Md.

Loring System Silversy Mr. Hendelletter, Mr.

8829 Micerty No. north-Patons, No.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

100		11 1 13 7 7	OI DEVIII	ULCAC
	1.	PEACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution	n: Residence before admission)
	1	a. COUNTY	a. STATE MD. 21222 b. COUNTY	DATMO
1	_	BALTIMORE MARYLAND		BALTO.
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RU	KAL and Bise degress rown)
		DUNDALK 25 YBS.	DUNDALK	03-1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
			and prompare are	ON A FARM?
0		224 DETROIT AVE.	224 DETROIT AVE	YES NO X
н	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
		(Type or print) CLARENCE VERNON BOSSOM	DEATH 2/14/196	6 19
7	5.		P DATE OF PIDTH I O ACE /In Veges I FIIN	DED 1 VEAR HELINDER 24 HRS
			last birthday) Mont	hs Days Hours Min.
	10.	MAI, R	9/25/1913 52 yrs.	CITIZEN OF WHAT
	dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	1	ing most of working ilfe, even if retired) LOCO. ENGINEER RAILROAD	MARYLAND	USA
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		ARRHAM BOSSOM	EDNA HALFPENNY	
	4 P	ADIGIAM		# M
	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no. or unkown) (If yes give war or dates of service)	INFORMANT AGGESTN	# 2 ABOVE
	10		ETTY WOMER BOSSOM	
		18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	of a second	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	The Form	
		163X DUE TO		1
	-	Conditions, if any, which) (b) (arrow	ma / Haser	P- 8 LOLL
		gave rise to immediate (
		cause (a), stating the DUE TO	- Wire	
	2	underlying cause last. (c)	THE TO THE TEN WALL DISTANCE COMMITTION CITY IN DADT	1(e) 19. WAS AUTOPSY
	임	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
-	CERTIFICATION			YES NO
0	는	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Pert II of Item	n 18.)
	8	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	2	facto	CE OF INJURY (Home, farm, 20f. (City or town) ry, street, office bidg., etc.)	(Gunty) (State)
	MEDICAL	Hour a.m. While Not While at work et work	10	, ,
		21. I certify that (I) (this hospital) attended the deceased from	Vec 4, 1965 to 2 - 14, 1	9 6 Cthat (I) (we) last
		21. I certify that (i) (this hospital) attended the deceased from 2	t death occurred at Rec.M, from the causes and	
		saw the deceased alive on 2 - 7 1966, and that	t death occurred at a beam, from the causes and	. DATE SIGNED
		22a. SIGNATURE	ATTENDING - MED STAFF	. DATE STUILD
		Hamuel Harrich M.D	DIRECTOR PHYS.	2/15/66
1		22c. PHYSICIAN'S SAMUEL J. HANKIN 3179 I		
		NAME (Type) SAMUELL J. HANKIN 3479 I	LIBERTY PKWY., DUNDALK,	• עווי
	23a	, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town o	r county) (State)
	200	REMOVAL (Specify)		
	_	BURIAL 2/17/66 OAKLAWN CE	BALTO CO	MD.
2	24	FUNERAL DIRECTOR	25a REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
8		WALTER BROOKS BRADLEYN DUNDALK,	MD DATE D 1 1966	ver Judge
-	-	WALTER DRUUKO DIMULIETA DYNORDA		

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BALLONGE

SEG DETROIT AVE.

ABBRAM BOSSOM

MOSSON NOWELL TOTAL TOTAL

DUNDALK 25 28. NIACHUC

SVA PROBERT 199

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1,110 CHUCABIA. 9/25/1913 52

MATTER CRAITERAM

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SECTO

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2/15/56 SAMERA S. PANKIE 3179 LIBERTY PROY., DURBALK, ILL.

STRIAL 2/17/66 A CARLANT CES. BALTO. CO., ME.

SATE E PROOFE STADIET, DUED LE. MC ... 1806

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICAT	E OF DEATH ()1773
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	0xon Hill. Md. 16-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS le. IS RESIDENCE
SPRING GROVE STATE HOSPITAL	CATO Alica Avenue ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) James Mongan	Deterior DF man
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 ACE (In years IF HNDER 1 YEAR HE HNDER 24 HR
	last birthday) Months Days Hours Min.
male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	Oct. 13, 1891 74 yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
retired 13. FATHER'S NAME	Washington, D. C. U. S.
James Morgan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	unknown INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
	ecords: SPRING GROVE STATE HOSPITAL
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumon	iia
DUE TO	
Cenditions, If any, which gave rise to immediate (b) Generalized arte	riosclerosis
cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
Old cerebrovascular acc	eidents YES ND NO
☐ DR CDNTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 at work Not While at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	ory, street, office bldg., etc.)
	Feb. 2 19.66, to Feb. 6, 19.66, that (we) las
21. I certify that 30 (this hospital) attended the deceased from saw the deceased alive on 1966, and that	at death occurred at M, from the causes and on the date stated above
222 CICNATURE	22b. DATE SIGNED
Stella Wackerson M.	D. PHYS. MED. STAFF 2-6-66
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228
23a. (BURIAL, CREMATION, Peb. 10-6 NORTH OF CEMETER Peb. 10-6	
24. FUNERAL DIRECTOR ADDRESS	VET. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
That B. Handay) 4748 Wisc. Ave. N.	DATE FEB 10 1966 Peliarles Judge.
112.17.14.14.02	DATE 128 10 1966 Pleanley Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH

R STATE		0182	Livision of STATIST				CERTIFICATE (TLAND 21	201	1774
ALTH DEPT.		COUNTY	Balte.		MARY	LAND	2. USUAL RESIDENCE o. STATE Bal	(Where dec		UNTY	alto	
8. Give Poges 1, 2, and 3 to olong with form PM3. Page with the State Department of within 72 haurs after death.		Randal I	(If outside corparote limits d give nearest tawn) s cown		1 yr.	N 1b	c. CITY OR TOWN (If o			RURAL ond giv	ve nearest	/
form form the Dep			TAL-OR INSTITUTION (If no				d. STREET ADDRESS-					B. IS RESIDENCE ON A FARM? YES NO [
8. Give Poges 1, olong with form with the State De within 72 haurs		NAME OF DECEASED Type or print)	Andrew	st	Middle Ralph	Bow	Lost .	4. DAT OF DEA	rh Fe		Day 11	19 66
18. G le olon 2 with nt with	S.	dale	6. COLOR OR RACE White		NEVER MARRIED DIVORCED	-	8. DATE OF BIRTH Dec. 23, 18		9. AGE (In years last birthday) 78 yrs.	Months .	Days	IF UNDER 24 HE Hours Mir
ges lond 2 ony event	duri	Retired	N (Give kind of work done life, even if retired) farmer		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State Frederic	k Co.			ITIZEN OF OUNTRY?	
Examine File pages ond in ony			m A. Bowers				14. MOTHER'S MAIDEN		s		5	
	15. (Ye	WAS DECEASED EVE s, no, ar unknown) no	ER IN U.S. ARMED FORCES? (If yes give wor or dotes a	f service) 16. S	SOCIAL SECURITY NO. 4-28-2311		. R. David	Bower		eburg,	Md.	
ward "per the Chief rial-transit tian, or re		18. CAUSE OF D PART I. DEA 4 2 2 Canditions, if any rise to immediate stoting the unde	te couse (o),	(a) Art 10		tic	C-V Disease	2				ERVAL BETWEEN SET AND DEATH YE •
ote, writing the e forwarded to the be used os o but to buriol, crema	ATION	lost.)	(c)	O DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(o)			WAS AUTOPSY PERFORMED?
T 0 0	CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DES		CURRED	. (Enter noture of injury in	Part I ar I	Port II af item 18.)			
e the e 4 sh cour fill age 3 s agent	MEDICAL	20c. TIME OF INJ Hour o.	10	20d. IN While of work	NJURY OCCURRED Not While of work	£ 00.	ACE OF INJURY (Home, for ctary, street, office bldg., etc		. (City or tawn)	(Co	ounty)	(Stote)
necessary, please execute the certification the funeral director. Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, principle.					noins described ob		eld an Autopsy, icide, Homicide CHIEF MEDICA M.D. ASSISTANT ME	E, L EXAMINER	Undetermined	quiry 🕱, monner 🗌		in my opini 2. DATE SIGNE
the funeral s may be r		FYAMINER'S	D. D. Caples				DEPUTY MEDIC	AL EXAMIN	er & erstown,		2-	12-66
To Fu		BURIAL, CREMATION REMOVAL (Specify BURTAT)	2-14-		23c. NAME OF CEME		Mem.		LOCATION (City or Carroll	Co.,		yland
VR A15ME (5)	24	C.M. Wa	altz, Box	241,S	ykesvill	e,M	d. DATE F	B 1 5		REGISTRAR'S	_	

25b. REGISTRAR'S SIGNATURE

example of the control of the contro TBEL .42 .346 Terreteriale In . 1801. Males In All Boy ere TIANTHUND I HE. V. LEVIN NOMERS, MINISTER OF S. 1974

Date to deplet H. H. T. W. Holester Rd., Reinsterhours, vol.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M 01825	CERTIF	ICATE OF DEA	ATH	01775
Type or Print! DOROTHY	R. BOWERS.	2. D.	9:10 AM	2-6-66
3. PLACE OF DEATH IN BALTIMORE, MARYLANI Baltimore (4. USUAL RESIDENC A. STATE B.	COUNTY	nstitution: residence before admission)
FULL NAME OF (If not in hospital or instite and the spiral or oddress or location) INSTITUTION Baltimore	-1	C. CITY OR TOWN	(If outside city timits, write	MORE COUNTY) RURAL ond give township)
	OAK ROAD.	BALTIMO	(If rurol, give locotion)	03-1
00		8527 C	ESTINUT OAK	ROAD
Wil	DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
FEMALE WHITE 10A, USUAL OCCUPATION (Give kind of work 10B, Killione during mast of warking life, even if retired)	MARRIED ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse Ba	Lto. Co. School		wag on Montana	USA
3. FATHER'S NAME		14. MOTHER'S MAID		
BENJAMIN KAFLIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na pr, unknown) (If yes, give wor or dates of se	16. SOCIAL SECURITY NO.	ELLA SI	PIER	ADDRESS
No	544-22-8571	WALTER F.	BOWERS. HU	SBAND (Same)
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	91	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,		erebral	caema	Menules
heart failure, asthenia, etc. It means the di injury ar complication which caused death.		rum MM	Myrcarden	3-4 years
DISEASS OR CONDITIONS, if any,	DUE TO	V	Disease	
ise to the above cause (A) stating UNDER, YING CONDITION last.			to sense	
22. I certify that (I) (this hospital) atten	ided the deceased from	garawy		ormany 5 19 66.
that (1) (we) lost sow the deceased aliverand from the causes stated about				inion deligh occurred on the date
23A. SIGNATURE H. Bo		nding Med.	Stoff -	72b 6, 1966
23C.PHYSICIANS NAME (Type) KATHERINE	1. Borkovich,	550 N. B	ROADWAY BRADWAY, BAL	TIMORE, MD.2120
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/10/66.	Greenmount Crema	tory	Baltimo	•
25A. DATE REC'D BY HEALTH DEPT. 258 N FEB 9 1966	marles Judge	Leonard		Balto. Md. 21214
VS 1S0-REV. 1/1/65				

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATEM

1. PLACE OF DEATH

1. PLACE OF DEATH

1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence by the company of the compan

01776

d. COUNTY Balto.	MARYI AND	2. USUAL RESIDENCE (Where of a. STATE Md.	deceased lived, if Institut b. COU		re admission)
bCITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Randal Istown	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If outside co	arparate limits, write RU	RAL and give neare	st tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d: STREET ADDRESS	Security of		e. IS RESIDENCE
Baltimore Co. Gen. He	ospital	5403 Pembroke	e Ave.		ON A FARM?
3. NAME OF First DECEASED Dennis (Type or print)	Middle E. Br	adford 4. D.			y Year 19 66
S. SEX 6. COLOR OR RACE 7. MAI Male White WIDE	RRIED NEVER MARRIED COMED DIVORCED	8. DATE OF BIRTH July 3, 1948	9. AGE (In years last birthdoy)	Months Days	Hours Min.
	10b. KIND OF BUSINESS OR CHOOLTRY	11. BIRTHPLACE (State ar fare Penna .	ign country)	12. CITIZEN O COUNTRY	S.A.
13. FATHER'S NAME Harold L. Bradford, Sr	•	14. MOTHER'S MAIDEN NAME Eleanor J. Bi	cown		
15. WAS DECEASED EVER INU.S ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service		Harold L. Bra	Addr.	ess Woodla 5403 Pem	wn, Md. broke Ave
Conditions, if ony, which gave nise to immediate cause (a). Stating the underlying cause (b).	Fractured skull, Hemorrhage, Multi & L. occipital ar	ple laceration ea	s-rt. fore	nead	NSET AND DEATH min(est)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. EXTERNAL CAUSE WAS RAIMARY ØFO'R CONTRIBUTING CONTR			· ·		WAS AUTOPSY PERFORMED? YES NO
	Car ran off rd.,			ydrant.	
2 2 2 1 Hour XX. Feb 26.66	20d. INJURY OCCURRED 20e. PLA While Not While at wark Dogw	tone etenatemiffica blda atc.)	20f. (City or town) Balto. 7	(County) Balto	(State) Md.
21. I certify that I took charge of the death resulted from: Natural caus ACTUAL SIGNATURE 2. 2. Captain Captain Company of the Captain Capta	es [], Accident X , Suid	eld on Autopsy, Inspirite, CHIEF MEDICAL EXAMINM.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM R.C. SALES SECULORS	Undetermined m	nonner 🗌	d in my opinion 22. DATE SIGNED 28-66
230. BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify) March!	23c. NAME OF CEMETERY OR ADDRESS WIN Windsor M	CREMATORY 23	d. LOCATION (City or To	- D	Ito, nd

VR A15ME (5) 6M 1/66

5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of Health or its designoted agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

deloy is

er deoth. If

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hor necessory, please execute the certificate, writing the word "pending" in pencil in Ite the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Of

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APVIAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY 54 Baltimore ueens MARYLAND and deal b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town 2 Pages 1 Towson Edgemere, Long filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) papers. Pag n 72 hours d. STREET ADDRESS completely Raven Beach 3. NAME OF 4. DATE Middle Month DECEASED OF within (Type or print) DEATH MARY February ove tearbon 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH p last birthday) certificate WIDOWED T DIVORCED Female physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, avan if retired) Housewife Home New York please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Frederick Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Hanna loval, 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or dates of service) physician. þ 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 6 signed PART I. DEATH WAS CAUSED BY as been signed burial-transit IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which gave rise to immadiate ceuse DUE TO (a), stating the undarlying causa last. hospital or certificate (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY 38 0 CERTIFICATION US6 prior detached for 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury In Part I or Part II of itam 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) Month, Day, Yaar 20f. (City or town) ö fectory, street, office bldg., etc.) Hour a.m. Whila Not Whila DIRECTOR: at work at work p.m. Dept 99 21. I certify that (I) (this hospital) attended the deceased from. plnods State 19 and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING MED. STAFF eth. Page 4 HOSPITAL page with th PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) ector, filled Joseph Pira death. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OI Buri 01 (Specify) Woodlawn Cem. Woodlawn. 24 FUNERAL DIRECTOR'S SIGNATURE ADD RESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Johnson

Loch

e. IS RESIDENCE ON A FARM?

YES NOT

19 66

IF UNDER 24 HRS.

Year

Day

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

SET AND DEATH

PERFORMED?

NO V

(Stete)

22b. DATE

(State)

SIGNED

Months

Loch

(County)

Maryland

VR A15 (4) 20M S-63

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tembye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESE		, 301 W. PRESTO	N STREET,	BALTIMORE 1,	, MARYLANI))))		
01828 PLACE OF DEATH a. COUNTY Baltimore	CERTIFICATI	2. USUAL RESIDEN	bb Mn	d lived, If institution b. COUNTY	: Residence before	admission)		
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Owings Mills	c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town Baltimore 30-4						
d. NAME OF HOSPITAL OR INSTITUTION (if not in h Rosewood State Hospital NAME OF First	Middle	d. STREET ADDRESS	St.	Month	YES _	e. IS RESIDENCE DN A FARM? YES ND		
DECEASED (Type or print) SEX 6. COLOR DR RACE 7. MARRIED	Bras	savitch B. DATE OF BIRTH	DF DEATH	2 F (In years) IF IIND	18 j			
Female White WIDDWED Da. USUAL OCCUPATION (Give kind of work done 1Db. King ming most of working life, even if retired)	DIVORCED 1	0/20/08 11. BIRTHPLACE (C	50	st birthday) Month 57 yrs.	S Days Hou CITIZEN OF WI CDUNTRY?			
none :	none	Baltimore City U.S.A. 14. MOTHER'S MAIDEN NAME						
Alphons "Frank" Brasavit 5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. (If yes give war or dates of service)	SDCIAL SECURITY NO. 17.	Martha Martha M		Address				
18. CAUSE DF DEATH [Enter only one cause per 1 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	wonic		al Record	INTERVAL ONSET AN	BETWEEN		
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) DUE TD COLUMN (b) COLUMN (c)								
PART II. DTHER SICNIFICANT CONDITIONS CONTRIB	uting to death but not relative	TED TO THE TERMINAL I	DISEASE CONDITI	DNCIVEN IN PART 1		AUTOPSY DRMED? ND		

	cause (a), stating the DUE TD underlying cause last. (c)		
CATION	PART II. DTHER SICNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	YES ND
CERTIF	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18	.)
EDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY Hour a.m. While	factory etreat office hide atc.)	unty) (State)

21. I certify that W (this hospital) attended the deceased from 19

2 to. 1966, that M (we) last

2,	and	that	death	occurred	at LOCM,	from	the	causes	s and on	the	date	stated	above.
		M.D.			MED. DIRECTOR		STA PHY	FF S.	22b.	DATI	E SIC	GG	
			1 224	ADDDEC	9								

CODOCCO, MICCOCO	M.D.	PHYS.	
PHYSICIAN'S		1 22d.	ADDRI
NAME (Type)			

LKRIDGE

(State)

BURIAL, CREMATION, REMOVAL (Specify)

6 22c.

23a.

saw the deceased alive on

SICNATURE

B 2 3 1966

25b. RECISTRAR'S SIGNATURE

FEB. - 22-1964 HOLY TRINITY

GREBLIAUCKAS GOTS. MILTON AUF DATE

VR AI5 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEA	RCH AND RECORDS, 301	W. PRESTON STREET, I	BALTIMORE, MARYL	AND 21201	
01829	CERTIFICATE	OF DEATH		0177!)
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	deceosed lived, if institution b. COUNT	n: Residence before odmissio Y Baltomore	on)
b. CITY OR TOWN (If outside corporate limits, Reisler Cown Reisler Cown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Reistertow		AL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ive street oddress)	d. STREET ADDRESS Rt. 1 Dover	Road	e. IS RESID ON A FA YES	
3. NAME OF First DECEASED (Type or print) DONALD WATSON	Middle BREWER		DATE Month OF DEATH Februar	y 23, 196	6
S. SEX Male 6. COLOR OR RACE WIDOWED 7. MARRIED WIDOWED	DIVORCED A	pril 4, 1903	9. AGE (In yeors lest birthdoy) 62 yrs.	Months Doys Hours	Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if net rede INE	ND OF BUSINESS OR DUSTRY Bendix	11. BIRTHPLACE (County & Stote England	e, or foreign country)	U.S.A.	
13. FATHER'S NAME Edwin George Brewer		14. MOTHER'S MAIDEN NAME Matilda M. W	atson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, on physhrown) (If yes give wor or dotes of service) 217		NFORMANT s. Esther S. B	Addres rewer, Same		
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out TO Conditions, if ony, which gove is to immediate couse (o), stating the underlying couse lost. (c)	(a), (b), ond (c).) o Gonary followed	by deger	sis - ma ling pardian sulitario	INTERVAL BETI ONSET AND D	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port I				19. WAS AUTO PERFORMI YES (OPSY IED? NO
- (II EITHER, NOTH / MEDICAL EXAMINER)	Not While facts	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) ((Stote)
21. I certify that (I) (this haspital) attends aw the deceased alive an 2220. SIGNATURE 220. SIGNATURE 224. PHYSICIANS MAME (Type)	led the deceased from-/	ATTENDING MED.	STAFF	, 1966, that (1) find an the date stated 22b. DATE SIGNED	
230. BURIAL, CREMATION, BURIAL (Specify) Feb. 26, 1966	23c. NAME OF CEMETERY OR C		3d. LOCATION (City or Tow altimore Co.		itote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after dept Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

ADDRESS

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR vm. Cook-Brooks Towson, 1050 York Road, Towson after death. hours within executed

funeral and 2 death. the n filled within 72 completely ve carbon p event. remove any and = an please and removal. attending permit. Then the attend it permit. 0 cremation. been signed by the burial-transit or to burial, crema or attending physician. as th has for use Health certificate OR ATTENDING PHYSICIAN: be retained by the hospital detached f this After Id be d be State should ith the DIRECTOR: A age 3 should lied with the page Page 4 may

A by th. Pages 1 papers. 1

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death

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PHYSICIAN:

CERTIFICATE OF DEATH PLACE DE DEATH e. COUNTY a. STATE Baltimore Mary land MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Bowie, Maryland Catonsville lyr9mth9dys d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS SP RING HOSPITAL Fletchertown Rd. NAME DF First Middle Last 4. DATE DECEASED DF (Type or print) Brewer Lana DEATH 5. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED 9. NEVER MARRIED WIDOWED July 22, 1876 female Negro DIVORCED 80 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Carolina housewife
13. FATHER'S NAME MOTHER'S MAIDEN NAME Roxanna Wadsworth Thad Blakly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Records: SPRING unknown unknown 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which Arteriosclerotic heart disease (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION Uremia 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. MEDI While Not While at work at work 611 19 Feb 21. I certify that 10 (this hospital) attended the deceased from saw the deceased alive on and that death occurred at a. 22a. SICNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. ADDRESSSP TO FUNERAL PHYSICIAN'S director, p should be 1 GROVE NAME (Type) Stella Wachsler. M. D. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6. IS RESIDENCE ON A FARM? YES NO Month Year February 66 19 AGE (In years | IFUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. Address STATE INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert 1 or Part II of Item 18.) 20f. (City or town) (County) (State) M, from the causes and on the date stated above. 22b. DATE SICNED Baltimore, Maryland LOCATION (City, town or county) (State) 0 0 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25a.

VR A15 (4) 20M 1/65 Tuesday of the William St. house and control of a period of The state of the s Ab a State Company of the Confession of the Conf . Co. I was a state of the stat The action in months in the party of the AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coccletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exact, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMI	ENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W.	PRESTON STREET,	BALTIMORE 1, MARYLAN
01831	CERTIFICATE OF I	DEATH	0.17

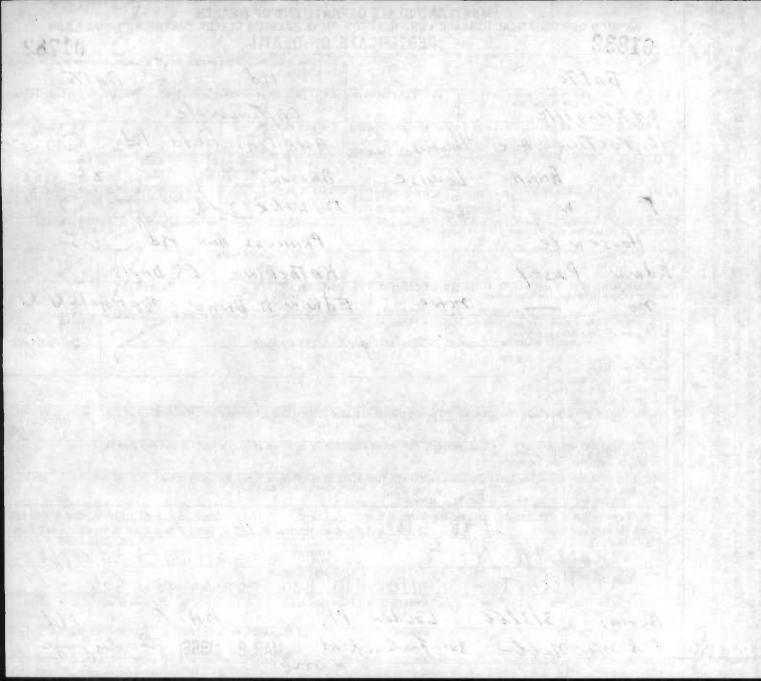
A. PLACE OF DEATH BALTIMORE COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b, COUNTY
Tourson 4 MARYLAND	maryland Angel
b. CITY OR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
11	ON A FARM?
party of the state	416 fanfax Chemins YES ND
DECEASED	Last . 4. DATE Month Day Year
(Type or print) CATHERINE DELORES 5. SEX 6. COLOR DR RACE 7 MARRIED TO SEVER MARRIED TO SE	BICICE DEATH July 14 1966
7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
fermale WILL WIDOWED DIVORCED	1-10-31 33 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during, most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
Homese wife	Baltimore manfand U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Edward hours	Jennie mane Strugeon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address Balto mal.
NO	Donald Brie 416 farific ane
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pulmon and in	Conset and DEATH
17/X	
Cenditions, If any, which \ DUE TO thromboses of	ulssels of Right leg
gave rise to Immediate	
cause (a), stating the DUE TO	· lening unite metastions
underlying cause last. (c) Concurrence of the PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
A CONTRIBUTION TO THE CONTRIBUTION OF THE CONT	PERFORMED?
OOS ACCIDENT WAS UNDERLYING IT	YES NO
☐ 20a. ACCIDENT WAS UNDERLYING ☐ DESCRIBE HOW INJURY OCCUED TO CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1-29, 1966, to 2-14, 1966, that (1) (We) last
	death occurred at A. DoM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
Flypina W. Silvestre M.D	PHYS. DIRECTOR PHYS. 2-4-66
22c. PHYSICIAN'S NAME (Type) Thiping A. Silvestre	Greater Battimore medical lenter
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVED (Specify)	LOVER BALLINGE
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
40 (C/14-130 & Fort as.	DATE B 16 1966 Pelianles Judge
1	# # #

VR A15 (4) 20M 1/65

VR A15 (4) 15M 4-64

	MARYLAND ST	TATE DEP	ARTM	ENT OF	HEALTH		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
01832	CERT	IFICATE	OF	DEATH			017

	U1000 CERTIFICATE	- OF DEATH
Ц	1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	a. COUNTY BA / TO MARYIAND	a. STATE MA b. COUNTY BALTA
	MANTEAND	CUTY OF TOWN (If availed a serverate limite with DUDA) and also negroet town)
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CA TONS VIIIe	CA TONS VILLE 63-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
3	16 FUSTING AVE Houseston from	948 Masefield Rd YES NOW
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED	D 0 0F 2 - 6
	5. SEX 6. COLOR OR RACE 7. MARRIED 18 MARRIED 18	D 1908
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
	WIDOWED DIVORCED	12/27/1879 80 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	House wife	PRINCESS ANN Md COUNTRY?
1	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
1	Flow Dicov	
	Edwin Pusey	
	(Yes, no, or unkown) ((If yes nive war or dates of service))	INFORMANT Address
	no _ none	Edwin D. Brown 948 Masefield Rd
	18. CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c).]	INTERVAL BETWEEN
4	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	S Mary
1	Conditions, If any, which	
	gave rise to immediate (b)	
	cause (a), stating the DUE TO	
	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTIO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
^	No.	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 at work at work	ry, street, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	1/28, 1953, to 2/28, 1906, that (1) (we) last
	saw the deceased alive on 2/26 1966, and that	death occurred at 93 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	(Kabertte Cetter M.D.	ATTENDING MED. MED. STAFF DIRECTOR PHYS. D 2/28/66
	22c. PHYSICIAN'S	22d. ADDRESS O A
М	NAME (Type) Kobert A. Keiter Mil	1 606 Edmondadon Will - 28
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 2/2///	PK BAITO MI
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		Ad MAR 2 1966 Actionles Judge
0	E. S. Mac Nabl- 301 trackerek	DAMAN & 1000
0		FILLE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained of the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certified in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

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MARYLAND	STATE DEPARTMENT	OF HEALTH-I	BALTIMORE,	18

0183	3	CERTI	FICATE OF DE	ATH	Re	g. Dist. No.	01783
1. PLACE OF DEATH	timore	MARY	LAND O. STATE	CE (Where deceased liv	red. If institution: I	Residence before o	
B. CITY OR TOW	N (If outside corporate limits, ve nearest town)	c. LENGTH OF STAY	1 (12 0'	/N)If outside corporate	limits, write RURA	L ond give nearest	town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, give		d. STREET ADDR	Via de	ot are	(RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle 1 FU	Ina Real	4. DATE OF DEATH	Month	Day	Year 1966
s. sex	_	MARRIED NEVER MARRIED DIVORCE	DATE OF BIRTH	2 1880 9.	AGE (In years IF L	INDER I YEAR IF L	
100. USUAL OCCUP during most of Retired C		10 08 1	4.4	(State or foreign count) J.	USA	HAT COUNTRY?
	rown		Mary	(
15. WAS DECEASED	(If yes, give wor or dates of service		3 Mrs. Helen	Suyer B	Address	5169 Via	huct are
PART I.	ing the under- DUE TO	1111	lar Heart T countre fer	Disease		ONSET	L BETWEEN AND DEATH Childhas
PART II. 20g. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE CO	ONDITION GIVEN I	P	VAS AUTOPSY ERFORMED?
	WAS UNDERLYING 20th ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter noture of inju	ury in Part I or Port II (of item 18.)		
20c. TIME OF IN Hour a. p.	m.	20d. INJURY OCCURRED While Not while of work	20e. PLACE OF INJURY (Hom- factory, street, office bld	e, form, 20f. (City or g., etc.)	town)	(County)	(Stote)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the de ELSIN IZ JUNE REDERE V.		death accurred at.		ne causes and city or town, state		
220. BURHAL, CREMA REMOVAL ISPEC CI-C YN OTHOR	rify)	22c. NAME OF CEMP	TERY OR CREMATORY	22d. LOCATION	(City, town, or co	unty)	(Stote)
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS 201	5. md and 240	PRECIO BY REGISTRAS	683 A G STEA	S SIGNATURE	13th car

VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

84

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
write RURAL and give nearest town)	Baltimore 37-4
CATONS VILLE 42YRS. 1MO. 14 DAY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
SPRING GROVE STATE HOSPITHL	unknown YES ND
3. NAME OF First Middle BECEASED Type or print) JAMES	Last 4. DATE Month Day Year DF DEATH FEBRUARY, 23, 1966
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED X 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
MALE WHITE WIDOWED DIVORCED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hat cleaner	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? GREECE Greece
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown
(Vor. no. on unbourn) ((16 use nive way or deter of courses)	INFORMANT Address
unknown unknown	IOSPITAL RECORDS
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAILL	
4200 DUE TD	
Conditions, If any, which gave rise to immediate (b) ARTERIOSCLEROTIC	C HEART DISEASE
cause (a), stating the DUE TD LEMPHYSEMA	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND
ZDA. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE 10 A Section 19 at work 19 at	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
	1. 9 , 1924, to 2, 23 , 1966, that (I) (we) las
saw the deceased alive on 2/23 / 1966, and that	1, 9, 1924, to 2, 23, 1966, that (I) (we) last death occurred at 6^{15} 12 M, from the causes and on the date stated above
22a. SIGNATURE Juvelley it & (K-7077/M.D	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Imre Kopits, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228
23a. BURIAL, CREMATIDN, REMDVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURTAL 2/28/66 GREEK ORTHO	ODOX WOODLAWN, BALTO.CO., MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WM.COOK-BROOKS INC., 1217 ST. PAULST., BAL'	TO., MD. DATE FEB 28 1966 Mularles Jung

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tembye carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defitt.

> 5 (4) 1/65 A.15

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and 2 death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Health. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01835
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville 6 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland - CATONSVILLE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 4 N. SYMING-TON AVE. O. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSPITAL	2 Nowshap Road YES NO N
NAME OF First Middle DECEASED (Type or print) Grace C. Bur	Last 4. DATE Month Day Year of OFATH February 7 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Months Days Hours Min. M
Temale White WIDOWED DIVORCED 10a. USUAL DECUPATION (Give kind of work done during most of working life, even if retired) UNICOUNT STENDER OF MER ROLL AND THER HOOD	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown WILLIAM A. BU FORD	Unknown GRACE WALLACE
(Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address
	Records: SPRING GROVE STATE HOSPITAL
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] Cardiovascular C DUE TD (b) DUE TO Underlying cause last. (c)	collapse ONSET AND DEATH
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH CONTRIBUTION C	PERFORMED? YES NO
☐ 202. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH OF CONTRIBUTING ☐ CAUSE OF DEATH OF CONTRIBUTING ☐ CAUSE OF CAUSE OF CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Pert I or Part II of Item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20d. INJURY OCCURRED 20e. PLAN factor 20d. INJURY OCCURRED 20d. INJURY OC	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that 20) (this hospital) attended the deceased from saw the deceased alive on Feb. 7 19 66, and that 22a. SICNATURE	t death occurred at 6:20 M, from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR STAFF PHYS. 2-7-66
PHYSICIAN'S NAME (Type) Fritz Kobler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 2-10-66 Calledal	Cam. Buttimere, Med.
24. LEUNERAL DIRECTOR LADDRESS PROPRESS PROPRESS ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE This DATE EB 1 1 1968 Golovley Judge

State of the state determination and last the state of the stat

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THE CONTRACT OF THE PROPERTY O

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equity and remain per

the strict too prince we first

Little Collins, E. D.

funeral and 2 death. death. the f after è hours .= bon papers within 72 h filled executed within physician an please key death certificate be Then removal attending principles of the standard st as the burial-transit permit. prior to burial, cremation, or ATTENDING PHYSICIAN: The law requires that the the hospital or attending physician. has r this certificate had detached for use a te Dept. of Health p After the de de de State I þ retained DIRECTOR: A age 3 should lied with the S pe Page 4 may O HOSPITAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY BALTIMOVE b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Randallstown 0000 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? KENNICO NOL and completely fi remove carbon pa any event, within YES 3. NAME DE Middle Last 4. DATE Month Day Year DECEASED OF DEATH FPB 1966 (Type or print) lex AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE NEVER MARRIED 4 8. DATE OF BIRTH 9. 7. MARRIED WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) during most of working life, even if retired) CDUNTRY? 05 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO SINCY Conditions, if any, which (b) gave rise to immediate DUE TO BIVTL cause (a), stating the underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. PERFORMED? CAT NO F INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) YES CERTIFI 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Ob. DESCRIBE HOW MEDICAL 20c. TIME OF INJURY Month, Day, Year /20e. PLACE OF INJURY (Home, farm, 1) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 5 -20 19.65 1966 and that death occurred at 930 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE director, page should be filed v ATTENDING device M.D. DIRECTOR PHYS. PHYS. TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial Woodlawn Cemetery 66 Baltimore, Maryland
REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE MUNERAL DIRECT 24. 25a. Marley Armacost Isworth 4600 Liberty Heights Ave. DATE 1/65 -112490

VR AI5 (4) 20M

name of the state 36021 CHATTER CONTRACTOR AND CONTRACTOR 13 25 holy 25 67 g BULT HORE FOR BURGO WILLIAM distribution thicket (40 ALLES DE) As the state of th Servence Tools There are PARENTA BERNE TO THE THEORY IN CONTRACT Green Ty Dept 14 Mill Children CONTRACTOR OF THE PARTY OF THE The Down of the Company of the Compa THE STATE OF THE S

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11833 CERTIFICAT	E OF DEATH	111786
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution; Re	esidence before admission)
B	a. COUNTY MARYLAND	a. STATE Mary land b. COUNTY (3)	altimare
-	b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
M	write RURAL and give nearest town) Ount Wilson 2, 100.	Baltimore :	30-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
M	lount Wilson State Hospital	1824 N. Walfe St	YES NO M
3.	NAME OF DECEASED (Type or print) PROVIDENCE/GUY)	BUTTS 4. DATE Month OF OEATH	Day Year 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED WIDOWED DIVORCED TO	8. DATE OF BIRTH 9. ACE (In years IFUNDER: Months Vrs.	Days Hours Min.
10: du	a. USUAL OCCUPATION (Cive kind of work done ring most of working life, even if retired)		TIZEN OF WHAT UNTRY? U.S.A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	TRAVIS BUTTS	MYRTLE PO	WELL
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown (If yes give war or dates of service)	INFORMANT Address	
1	No 213-09-1174 Hos	sp.records, Mt. Wilson State	e Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	1) 0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Caramonia	of lunc	ONSET AND DEATH
	163 X DUE TO	1, 3	700
н	Conditions, If any, which (b)	0	
	gave rise to immediate		
	cause (a), stating the underlying cause last.		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
ICAT	Pulmonay tribes inlusi	5 0021	YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 et work et work	ory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	2. 74 , 1965, to 2. 26, 196	6, that (I) (we) last
		at death occurred at 201, from the causes and on the	
	22a. SICNATURE	13.00	ATE SICNED
		D. PHYS. DIRECTOR PHYS.	
	Wm.Newcomer, M.D., Superintendent	22d. ADDRESS Mount Wilson, Maryland	
=			inty) , (State)
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETER	Many Park (1916)	md (State)
24	4. FUNERAL DIRECTOR ADDRESS 1, 2 G	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	Elliote Fun Home Niegrol	MESTDATFEB 28 1966 yelland	en Judge
		The state of the s	

VR AIS (4)

PACIO STATE OF STATE OF STATE OF 16 AND THE PER PERSONAL ASSESSMENT AND ASSESSMENT FOR THE PARTY OF THE PA TUTUE (KU-Y) TO WELL WEST TO THE The state of the s 2 THUR BE STOCKETT and open a rest of the state of the state of the state of the CV Mercanies

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in an every within 72 hours after feath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death/ Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	I, MARYLAND
	01833	CERTIFICATI	E OF DEATH		01787
1.	PLACE OF DEATH a. COUNTY	76 21111 7577	1 1	(Where deceased lived, If Institution b. COUNTY	on: Residence before admission)
	DALTIMORE	MARYLAND		YLAND	DALTIMORE
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporete limits, write RU	RAL and give neerest town)
_	lowson	15 YEARS		PROBURTH 1	O LOSON
	d. NAME OF HOSPITAL OR INSTITUTION (If not in t	lospital, give street address)	d. STREET ADDRESS	000	ON A FARM?
3.	NAME OF FIRST	Middle	Last 4	DATE Month	YES NO Day Year
	(Type or print) EDWARD	BARTLETT(BALLAHAN	DEATH FEB	9 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	A WEARY WANTED	DOV 18, 18 91	9. AGE (In years IF UN last birthday) Mont	DER 1 YEAR IFUNDER 24 HRS. hs Days Hours Min.
10: du	LUSUAL OCCUPATION (Give kind of work done 10b. Ing most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (Count	ty & State, or foreign country) 1:	2. CITIZEN OF WHAT
	OPERATOR IR	ANSIT CO.	BA LTI MOI		U.S.A.
13	FATHER'S NAME	2004	14. MOTHER'S MAIDEN	O CONNEL	,
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Address	BURDU RD
(4	(If yes give war or dates of service)	13-10-0459 1	Mes. FLIZ. KI		MD 21204
	18. CAUSE OF DEATH [Enter only one cause per		1-10		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Malla	yo an	cenenca	onoci Ano sexi
	Conditions, If any, which	and I	· · · · ·		1-11
	gave rise to immediate	1/2 /	my /	10	the
	cause (a), stating the underlying cause last.	dylens	mal of	1 eclum	- dyes
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
FICA					MES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter näture of In	jury in Part I or Part II of Iten	n 18.)
MEDICAL	tlesse e m	facto	CE OF INJURY (Home, farm ry, street, office bldg., etc.)		(County) (State)
ME	nour a.m. While p.m. 19 at wo	rk at work	, /		
	21. I certify that (I) (this hospital) attend	1.1 //	//0, 195		96.6, that (I) (we) last
	saw the deceased alive on	4 19602, and that	death occurred at	M, from the causes and	
	Will odle to	Woundly M.D	ATTENDING ME	D. STAFF PHYS.	
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
	DUKIAL 7 2 66	IT. HYRAZU	(EMETERY	HAURE DE GRACI	The state of the s
24	FUNERAL DIRECTOR	1050 PORK R	D. 25a. REC'D		RAR'S SIGNATURE
V	M. COOK DROOKS TOWSON TO	IUSON, MD. 21	204 DAFEEB	14 19561 Julia	rles Judge

MADVIAND STATE DEDADTMENT OF HEALTH

the more than the second of th 16110 DESCRIPTION OF THE PROPERTY OF JOS HIGGISTH RO STATE EST Party Darren Darren Property de la Party OFFICE THANSIT CE CHATTINGUE 12. LAGIRENCE CALLANAN MANY O'CONNELL !! 213 - 10-0137 Me fue Kiner Tarker, ab alter Ble VIII The Clarke Haller and was a will La New and Market West Comment and the remain of the 1-12-14 M. Alice Connect American Connect March the black with an at his point each and we

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

O1839 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Fa. STATE b. COUNTY	tesidence before admission)
	Baltimore MARYLAND		timore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Baltimore Life	Kingsville	03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Garates Deltimone Medical Gartes		ON A FARM? YES NO A
3	Greater Baltimore Medical Center NAME OF First Middle	Last 4. DATE Month	Day Year
٠.	DECEASED (Type or print) WILDA 13 CAM	PBELL OF DEATH Feb.	22 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF RIPTH 19 AGE (In years LELINDER	1 YEAR I FLINDER 24 HRS
	WIDOWED DIVORCED	5-20-06 September 1881 birthday) Months	Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
dur	Ing most of working life, even if retired)	The state of the s	DUNTRY?
13.	Housewife Housewife	Upper Falls, Md. US	A
20.		Bertha Standford	
15	William W. Bell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	3
	No None p	atient's chart	6
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0 0 1	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant	lynishoma with	011021 71112 0231111
	2002 DUE 10.	1 + 2	
	Conditions, If any, which) (b) write special	melallasis	
	gave rise to immediate		
	underlying cover test		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION			PERFORMED?
TIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18	.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, farm, 20f. (City or town) (Con	inty) (State)
MEDICAL	With Mulle Work Mulle	ry, street, office bldg., etc.)	
Σ	p.m. 19 at work at work	10 20 0 100	C 11 -1 (1) (-1) 1-1
	21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last
		death occurred at 3 152 M, from the causes and on t	ne date stated above. ATE SIGNED
	22a. SIGNATURE	ATTENDING MED. STAFF	22-66
	ACCUALLY M.D	. PHYS. DIRECTOR PHYS.	11-00
	22c. PHYSICIAN'S PAME (Type) F. A. IRAMI,	22d. ADDRESS	
238		OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
	REMOVAL (Specify)		Md.
24		1 25a. REC'D BY REGISTRAR 25b. REGISTRAR	
	Lassahn Funeral Home 7401 Belair Rd. 212		as Judge
	nagagitti vittorav vous idea - carre	DATEL U GOOI	10

VR A15 (4) 20M 1/65

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FOR STATE HEALTH DEP1

DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages 1 and 2 with the State Department in any event with 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and

	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON, STREET, BALTIMORE 1, MARYLAND									
	01840 MED	ICAL	77 71. 431	CERTIFICAT	TE OF	DEATH		17	81	
1.	PLACE DF DEATH a. COUNTY	1001	18 <i>2)</i> a, 24 11.			deceased lived, If Inst		sidence b	efore ade	sission)
	Baltimore		MARYLAND	P	Marylan					V
	b. CITY OR TOWN (If outside corporate ili write RURAL and give nearest town) Catonsville	nits,	c. LENGTH OF STAY IN 11		•	orporate limits, wri	te RURAL	and give	neares	town)
			30yrllmth9d3		more			30	- 4	<u> </u>
	d. NAME OF HOSPITAL OR INSTITUTION (in	not In h	ospital, give street address	·				0.	IS RESI	
	SPRING GROVE STATE	HOSP	TAL	1305 V	alley	Street		YE		NO D
3.	NAME OF First		Middle	Last	4. DAT	E Month		Day	Yea	
	(Type or print) Cathe:	rine		Caplan	OF DEA	TH Febr	uary	23	19	66
5.	SEX 6. COLOR OR RACE 7. 1	MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years I last birthday)				24 HRS.
	female white w	IDOWED	DIVORCED	Aug. 188	37	78 yrs.	Months	Days	Hours	MIII.
10a dur	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) housewi.te		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE		elgn country)	12. 61	UNTRY?	WHAT	
13.	. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
	John Edward Schley			Catherine Morgan						
	5. WAS DECEASED EVER IN U.S. ARMED FORCE es, no. or unkown) (If yes give war or dates of serv	? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address	S			
	unknown		nknown 1	Records: SPF	RING G	ROVE STA	TE H	OS P	ITAI	
	18. CAUSE OF DEATH [Enter only one cell PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)		lne for (a), (b), and (c).]	riosclerosi	s				AL BET	
	4047 DUE TO									
	Conditions, if any, which) (b)	Art	eriosclerotic	cardiovasc	ular d	sease				
	gave rise to immediate (
	underlying cause last. (c)		Acres de la Constitución de la C							
ON		ONTRIB	JTING TO DEATH BUT NOT RE	LATED TO THE TERMINA	L DISEASE CO	NDITION GIVEN INF	ART 1(a)		WAS AU	

	underlying cause last. (c)_		
TION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3		Diabetes mellitus - Frac. of left femur	YES NO
=	20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	On 2-3-66
CER	20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.	pt. found with impacted fracture of left hip; c	ause unknow
CAL	20c. TIME OF INJURY Month, Oay, Yeer	factory street office bide atc.)	ity) (State)
MEDI	20c. TIME OF INJURY Month, Oay, Yeer 5:4530c. 2-3 19 66	at work of work k hospital Baltimore, Mary	land

5:45mm. 2	-3 19 66	at work	et work	nospital	В	altimore,	Maryla	ind
21. I certify that i to	ok charge of th	ne remains	described above,	held an Autopsy	, Inspection	on 📉, Inquir	ry 🔀 , a	ind in my opinion
death resulted from:	Natural cause	es 🔲,	Accident .	Suicide,	Homicide,	Undetermined r	nanner 🗌	

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 30 EXAMINER'S NAME (Type) George M. Kieffer, M. D.

DEPUTY MEDICAL EXAMINER 1010 Leeds 2-24-66

22. DATE SIGNED

(Stale)

23a. BURIAL, CREMATION,	23b.	DATE THEREOF	23c.	NAME	OF CEMETERY OR CR
REMOVAL (Specify)	3.	/4/66	-	New	Cathedral

Address (Street, city, town, or county) Avenue.

EMATORY | 23d. LOCATION (City, town or county) **EMATORY**

Frederick Rd Ba FEB 28 19

FUNERAL DIRECTOR . Charles S Balto., Md. Krause Funeral Home - 1216

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MARYLAND STATE DEPARTMENT OF HEALTH CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		01841 CERTIFICAT	E OF DEATH ()179()
	1.	PLACE OF DEATH a. COUNTY Baltimore MARYLANO	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE MARYLAND. COUNTY HOWARD
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ount Wilson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
1	N	lountWilson State Hospital	WHISKEY BOTTOM LOAD ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print) MARY AGNES (PATHELL 4. DATE Month Oay Year 1966
	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS.
	dur	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) HOUSE KEEPER Mr.Ed.Kennedy	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		ROBERT CATHELL	14. MOTHER'S MAIDEN NAME ITATHERINE SHERIDAN
	15. (Ye	e no ar unkawn) (If you give war or dates of carries)	Sp. records, Mt. Wilson St. Hospital
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	ERSTITIAL NEPHRITIS INTERVAL BETWEEN ONSET AND OBATHS
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	PERFORMEO? YES NO
		20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCC OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)
ij	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While et work fact	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) (City or town) (County) (State)
		22a. SIGNATURE	at death occurred at 2 M, from the causes and on the date stated above. ATTENDING MED. STAFF 22b. OATE SIGNED
/		22c. PHYSICIAN'S M. NAME (Type) Wm. Newcomer, M.D., Superintendent	22d. AOORESS MountWilson, Maryland
	23a	Burial CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 2/5/66 Cedar Hill	
	24	Schimunek Funeral Home, Inc. 3331 Brehms Lane	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 4-64

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lastrant is confirmation and address

in henomership, superintendent . Litountail son, Maryland

Burgel Present till courtery Daily tenter, Fo. ed award For sol Money Tot. er death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

01842	DIVISION	CERTIFICAL RESEARCH	AND RECORDS — BALTI		01	791
1. PLACE OF DEATH	imore Co.	MARYLAND	O STATE	here deceased lived. If institutio b. COUNTY	n: Residence befo	re admission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, we crest town)	rite c. LENGTH OF STAY IN 16	11	outside carporate limits, write RU	JRAL and give ned	prest town)
OR INSTITUTION	AL (If not in hospital, give	street oddress) 812 Register Av	d. STREET ADDRESS	ckory Avenue		e. IS RESIDENCE ON A FARM? YES NO THE
3. NAME OF DECEASED (Type or print)	First Anna	Middle	lost Charlton	4. DATE Mont	h Do	Yeor 19 66
s. sex Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	T			IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION during most of work Housewif	king life, even if retired)	10b. KIND OF BUSINESS OR INC	1 m 1 m m m m m m		12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		- Uada A	
1S. WAS DECEASED EVE	F. Laabes R IN U. S. ARMED FORCES (If yes, give war or dates of service N/A		Elizabeth INFORMANT Estelle Welsh	n Gomps Addres 1316 Appleby		
	ATH [Enter only one couse. TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (e); (b), one (c).]	ale C	prima	INT	ERVAL BETWEEN SET AND DEATH
Conditions, if a	mmediate	Jacan	maofi	Buart	2	mye_
couse (a), stating lying couse last.) (c)		X X		1	
PART II. OTH	ier significant conditi	ons <u>contributing to death</u> b	UT NOT RELATED TO THE TERM	iinal disease condition givi	EN IN PART 1(o) 1	PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING D 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Part II of item 1B.)		
20c. TIME OF INJUR Hour a. m. p. m.	0 10/6		PLACE OF INJURY (Home, farm factory, street, office bldg., etc		(County)	(Stote
saw the deceas		ttended the deceased from		M, fram the causes and		nat (1) (we) loss
22a. SIGNATURE	hadest	Donnell	M.D. ATTENDING MPHYS. D	NED. STAFF		228. DATE SICHED
NAME (Type)		Ponnell, M.D.	7501 Yor	k Road		
23a. BURIAL, CREMATIC REMOVAL (Specify)	Peb 25, 419	23c. NAME OF CEMETERY		23d. LOCATION (City, town, or Pikesvill		(Stote)

ADDRESS SILL

0

sville. Maryland
25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

TO HOSPITAL OR VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ODEPUTY MEACAL EXAMINER: This certificate should be executed within 24 hours after deoth. It any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page h the State Deportment of

VR A15ME (

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01792

	o. COL		Baltimore		MARYLAN		Maryla WN (If outside cor	rporote limits, write f	PURAL and give	
	wri	Edgemen	rtside corporote limit re nearest tawn)		7 yrs.		mere:	potote ilinits, with	OKAL ONG GIVE	13 - I
	Res.	, 6927	Riverdri	t in hospital, giv	re street oddress)	d. STREET ADD	ress iverdriv	e Rd. 21	219	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME DECEA (Type		RUS	SELL.	Middle	CHEEZUM	4. DA OF DE	TE Mo	b. 28-	Doy Year 19 66
	S. SEX	e W	color or race	7. MARRIED X	DIVORCED [B. DATE OF BIRT		9. AGE (In yeors last aday) yrs.	Months Months	Doys Hours Min.
-	Ret	Crane	ve kind of work done Operator	Beth	of Business or Tehem Steel	L Go.	ACE (Stote or foreig Maryland			UURYS . A.
ı	13. FATH	R'S NAME	harles Ch	neezum			MAIDEN NAME	tt		
	IS. WAS	runknown) (Ify	U.S. ARMED FORCES? es give wor or dates of	of service)	CIAL SECURITY NO. 07-6095	17. INFORMANT Son, Rona	ld R. Ch			astle St. d. 21231
	1B.	AUSE OF DEATH PART I. DEATH W	I (Enter only one cou VAS CAUSED BY: IMMEDIATE CAUSE	10/20	o), (b), and (c).)	Lance	Boy	el		INTERVAL BETWEEN ONSET AND DEATH
	Cond	tions, if ony, whi	DUE		5-C-1/1	100mg				,
	rise t stotin	o immediate co	use (a),			, conce				
	lost. PART	II. OTHER SIGNIF	ICANT CONDITIONS C	(c)ONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL DI	SEASE CONDITION (GIVEN IN PART 1(o)		19. WAS AUTOPSY
0.64	20o. PRIM	EXTERNAL CAUSE	WAS	1 201 201						PERFORMED? YES NO
1.5		ARY or CONTRIL OF DEATH.	BUTING	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter noture of	injury in Port I or	Port II of item 18.)		
		-	11 d B 1/	204 INII	IDV OSSUDDED TOO	e. PLACE OF INJURY (H	1 00	of. (City or town)	(Cou	unty) (Stote)
	WED	TIME OF INJURY Hour o.m. p.m.	19	While of work	Not While of work	foctory, street, office	bldg., etc.)	i. (chy of town)	- 3	(2)
	2	Hour o.m. p.m.	19 nat I took charge	While of work le af the remo	Not While of work of w	foctory, street; office re, held an Autaps	y , Inspe	ectian 🛣 Inc	quiry to	
	2 d	Hour o.m. p.m. 1. I certify the eath resulted	19 nat I took charge	While of work	Not While of work of w	foctory, street; office re, held an Autaps Suicide , H	bldg., etc.)	ectian Record	monner	and in my apinion
	2 d ACTU SIGN	Hour o.m. p.m. I. I certify the cath resulted	nat I took charge from: Nature	while of work le af the remo	Not While of work ins described abave; Accident ,	re, held an Autaps Suicide Ho	bldg., etc.) y	ectian Inc. Undetermined	monner	and in my apinion 1-1966 TE SIGNED
	2 d ACTE SIGN EXAM	Hour o.m. p.m. I Certify the eath resulted ATURE INNER'S E (Type)	nat I took charge from: Nature Molvin I	While of work le of the remo	Not While of work ins described abave; Accident , , , , , , , , , , , , , , , , , , ,	e, held an Autaps Suicide , H. CHIEF M.D. ASSIS	y, Inspectorment of the comment	ectian R Inc Undetermined ER MINER MINER MINER MINER MINER MINER	March :	and in my apinior] 1—1966ATE SIGNED 21222
4 4 4	2 d ACTE SIGN EXAI NAM	Hour o.m. p.m. I. I certify the eath resulted AL ATURE	nat I took charge from: Nature	While of work le of the remoil causes with th	Not While of work ins described abave; Accident ,	suicide House	bldg., etc.) y, Inspectomicide, MEDICAL EXAMINE TANT MEDICAL EXAM TY MEDICAL EXAMINE SS Smeet, city, lot 23d.	Undetermined R MINER Win, or county) LOCATION (City or	March : k, Md.	and in my apinion 1-1966 TE SIGNED

erone and the second all evidence VI - to the TENES AM Explication PSA -US . dry No. 100/22-10 ... Juliability energy of the contract of the - All Nitter . P. ECC TELL . Commence of the commenc

energy the company of the company that the company the company of the company of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	UIUSS Tham O THE	CERTIFICATE	UL DEATH		111133
1.	PLACE DE DEATH a. COUNTY	1 tm 42/4 2/ 1/			tution: Residence before admission)
-	Baltimore	MARYLANO	a. STATE	rland b. COUNTY	Baltimore
		c. LENGTH OF STAY IN 1b			e RURAL and give nearest town)
	Towson	473	Towgon	Maryland 2120	04 13-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	47days	d. STREET AODRESS	Marytanu Zizo	e. IS RESIDENCE
				D D 1	ON A FARM?
-	Dulaney Towson Nursi			sex Farm Road	YES NO X
3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
-	(Type or print) SEX 6, COLOR OR RACE 7 MARRIED	J	Choin	DEATH 2	28 19 66
5.	7. MARKIED	NEVER MARRIED 8.	. OATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	male white WIDOWED			187788/78 yrs.	
		ND OF BUSINESS OR	11. BIRTHPLACE (Cou	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			France		U. S. A.
13.			14. MOTHER'S MAIDE	EN NAME	
	Alfred Choin		Dates V	IRGINIA DESE	HERIES
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SI	SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
(YE	es, no, or unkown) (If yes give war or dates of service)	D 7			L .
	18. CAUSE OF DEATH [Enter only one cause per lin		Laney Towson	Nursing Home,	III W st Road
-	PART I. DEATH WAS CAUSED BY:	V I I	hrom bosi	l	ONSET AND DEATH
	IMMEDIATE CAUSE (a)				
	J J Z X DUE TO	Intervoider	nsic		3 hour.
	Conditions, If any, which gave rise to immediate (b)	The total.	04.1		
	cause (a), stating the DUE TO				
_	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA					YES NO L
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DE		, a	Injury In Part I or Part II of	
	OR CONTRIBUTING THEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	at home br	eaking h.	Venur Be	ed rest smaller
CAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJ	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. JAN 3 1966 While at work	- NOT WITH -	y, street, office bldg., etc	BALTIMOT	SE 100.
Σ			September 19		
	21. I certify that (I) (this hospital) attended	//		13'	719 66, that (I) (we) last
	saw the deceased alive on 2 - 2 §	g 1966, and that	death occurred at Le		nd on the date stated above.
	228. SIGNATURE POSTA ATTO	ruley		MEO. STAFF	- 1 / 6
	22c. PHYSICIAN'S	M.D.		DIRECTOR PHYS.	3.1-60
	NAME (Type) FITH A.	IAKILEY		RK RD. TIT	10NIU17.21093
			-0-17 / /		
238	REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	
24		Elmwood Park C	Demetery	Chicago, Illo	nis
	FUNERAL DIRECTOR	ADDRESS	1/1/17	3 1966 25b, REG	ionles Judge
V	wm. Cook⇔Brooks Tows•n 1	1050 York Rd.	DATEAR	2 1300	

VR A15 (4) 15M 4-64 TO ANTHONY AMEN'S

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MARYLAND STATE DEPARTMENT OF HEALTH

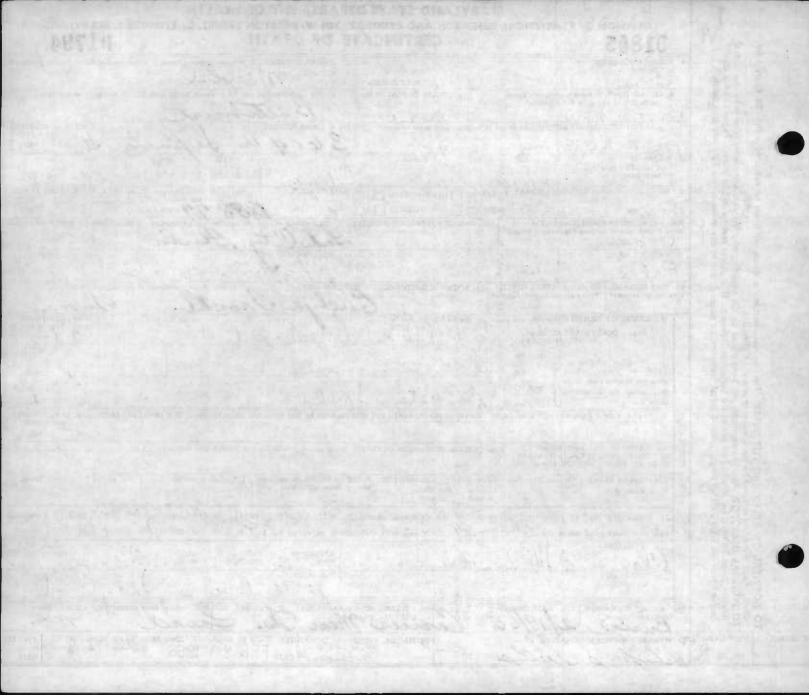
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1 1	PLACE OF DEATH		LO TIGUES DEGENERACE ON L.	0 11 11 11 11 11			
		a. COUNTY		a. STATE COUNTY	Kesidence before admission)			
		BAITIMORE	MARYLAND	Waryland				
	1	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give neerest town)			
	5	write RURAL end give nearest town)	~. t . T	Bart	2			
	7	e sterslown 1	2) YEB & J MENTE	Pallemane	30-4			
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	itel, give street eddress)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?			
0	1	SENT NURSING HI	ome	3604 W. Lefington	YES NO			
		NAME OF First	Middle	Last 4. DATE Month	Dey Yeer			
9		(Type or print) HATTIP		CIARK DEATH 2	14 19 66			
	5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER				
	F	-emal NoseD WIDOWED	DIVORCED	Months 77 yrs. Months	Deys Hours Min.			
	10e	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?			
		NKNOW N		Lake City Flerdia	USA			
8		FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
3	F	PRINCE CLARK	A STATE OF	EVELY SPRANKLIN IN				
	15.		OCIAL SECURITY NO. 17. J	NFORMANT	/			
9	(Ye	s, no, or unkown) (Ifyasgivewerordetesofsarvice)	6	weller Frankli-	1			
	-	18. CAUSE OF DEATH [Enter only one cause per lir	no for (a) (b) and (a) 1	very monten	INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY:	0. (1)	1. 10 1 -	ONSET AND DEATH			
		IMMEDIATE CAUSE (6)	wrat a seco	den Condent	- Lago			
		3 3 / X DUE TO	4- 1	^	100			
		Conditions, if any, which gave rise to immediate cause	Herwoolde	O share	years			
6		(e), steting the undarlying DUE TO	1 -/	3 0/	11/1			
v.		ceuse lest. (c)	iallelia d	Milledura	(week			
	O	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(e) 19. WAS AUTOPSY PERFORMED?			
0	CAT				YES NO			
	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING 20b. DESCOR	CRIBE HOW INJURY OCCURRED	D. (Enter neture of Injury in Pert I or Pert II of item 18.)				
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL			CE OF INJURY (Home, farm, 20f. (City or town) (Copy, street, office bldg., etc.)	ounty) (Stete)			
	WED	Hour e.m. While et work		A comment of the comm				
		21. I certify that (I) (this hospital) attend	ed the deceased from	14 1966 to delivere 14 19	that (I) (we) last			
		saw the deceased alive on Allies	4 1966 and that	death occurred away 5 PM, from the causes and on t				
		22 SIGNATURE		1	22b. DATE			
		(OVA 2000 & 111) 10	liem .	D PHYS.) DIRECTOR PHYS.	THE SIGNED			
1		22c. PHYSICIAN'S	The state of the s	22d. ADDRESS	01			
/		NAME (Type)		Klisterstown Ika	las Comment			
	23a	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY / 23d. LOCATION (City, town or cour	nty) [State)			
1		REMOVAL (Specify)	(ansien,	More The Laurel.	mit.			
1	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE			
0	1	10 4 8 11.11.	1727 1. 40	Steer DATE FEB 23 1966 July	wells Judge			
~	16	magn p. 1 miles		A-Kear DAIE 1 10 0 19 1				

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 20M 5-63



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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTI	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
01826	CERTIFICATE OF DEATH	01505

OTOX	U	LICITI IOAI	L OI DEATH			HERENOOD	
1. PLACE DF DEAT a. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W. a. STATE MARYI	h com	ITV	sidence before and ARUNDI	1
b. CITY DR TDV write RURA FORT H	and give nearest town)	DAYS	c. CITY OR TOWN (If outside WEST RIV			nd give neares	st town)
d. NAME OF HO	OSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS		_	e. IS RES	
	S ADMINISTRATION HOSP:	ITAL				YES 🗌	NO X
3. NAME OF DECEASED (Type or print)	First SUMMERFIELD	Middle C. (CLAYTOR	DATE Monti DF DEATH FEBRU	ARY I	Day Yes	56
5. SEX	6. COLOR OR RACE 7. MARRIED N	EVER MARRIED [8. DATE OF BIRTH	9. AGE (In years last birthday)		YEAR IF UNDER	R 24 HRS.
MALE	WHITE WIDOWED	DIVORCED 🛣	MAY 31, 1889	76 yrs.			
ATTENDANT	king life, even if retired) HOSPITA		WEST RIVER,	MARYLAND	COL	IZEN OF WHAT JNTRY? S.A.	
13. FATHER'S NAM			14. MDTHER'S MAIDEN NA	AME			
	AM CLAYTOR		MAGGIE LUCI				
(Yes, no, or unkown)	(If yes give war or dates of service)		INFORMANT	Addre			
YES	WW I 214 0	5 0870 CI	IN. RECORDS, VA	HOSPITAL,	FT HOW	IARD, MI)
	DEATH (Enter only one cause per line for DEATH WAS CAUSED BY: MIMMEDIATE CAUSE (a) PULMON	(a), (b), and (c).] ARY EDEMA				ONSET AND RECENT	
2043	DUE TO						
Conditions, If	(h)	MXEIOID LEG	JKEMIA			7 MONTH	IS _
gave rise to	DUE TO						
underlying cau	ise last. (c)						
PART II. OTHER 2Da. ACCIDENT DR CONTRIBUT GIF EITHER, NO	SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN	PART 1(a)	19. WAS AL PERFOR YES X	NO
	T WAS UNDERLYING 20b. DESCRI TING CAUSE DF DEATH DTIFY MEDICAL EXAMINER)	BE HOW INJURY OCC	URRED. (Enter nature of Injur	y in Part I or Part II o	f Item 18.)		
Hour a.	INJURY Month, Day, Year 20d. INJURY m. While No at work at work	occurred 20e. PL	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(Coun	(ty) (:	State)
	My that Af (this hospital) attended the	deceased from	2/4/66 19	to 2/14/66	19	_, that X () (v	ve) last
	eceased alive on 2/14/66		it death occurred a6:25				
22a. SIGNATI	IRE MAN. ~ Inches			07155	22b. DA	TE SIGNED	
	Menci (alligen	M.		TOR PHYS.	2/1	5/66	
22c. PHYSICI NAME (1	Type) PAULINO D. DEOC	CAMPO, M. I	VAH FORT	HOWARD, MAR	and the same of th		
23a. BURIAL, CRE REMOVAL (SC BURTAL	pecify)	NAME OF CEMETER	ind c	Bd. LOCATION (City, to	0 11	rd.	tate)
24. FUNERAL DIR	RECTOR	ADDRESS	25a. REC'D BY	REGISTRAR 25b. R	EGISTRAR'S	SIGNATURE	
erund	Hardery GA	LESVII LE,	DATE			4	
			FEB 1	1956	iarles	Judge	

VR AI5 (4) 20M 1/65 25 of Tan All

VETERALIS A DELENARA DE LA CONTRACTA DE LA CON

MIED SALTONI STORM

egi (gunna 12. (m. 1800) v. (spacentegn) (leo 60 mg m. 1814) s. A. Marian.

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PARLING T. DECOTED, H. D. WAS FORT BORNIE, MARTAGO

THE REPORT OF THE PARTY OF THE

TO MANAGE LIBERTY THE STATE OF THE STATE OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please to nove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01847 CERTIFICATE OF DEATH
01796

1.	a. COUNTY	Baltimore		MARYLAND	a. STATE	NCE (Wher (arvla	e deceased lived, If in b. COUI	YTM	l.tim		mission)
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, wi				t town)
_	d NAME OF HOS	TOWSON	N (if not in h	ospital, give street address)	d. STREET ADDRES	COWSO	a		10	, IS RESI	DENCE
	of think of the	JI THE ON MISTITOTIC	14 (11 1100 111 1	iospital, give su cot addiess)	d. STREET ADDRES	•				ON A F	ARM?
		St. Josep	h Hosp	ital			appaix Cou	rt	-		ио 🔀
3.	NAME DF DECEASED	Fi	rst	Middle	Last	4. D/	ATE Mont	h	Day	Year	r
	(Type or print)	CT	av	F .	Coard	DI	EATH Februar	v 27		19 (66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	TIFIINDER			
	Male	Tulbat to	WIDOWED	DIVORCED T	5-16-78		87 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPAT	White ION (Give kind of work	done 10b.	(IND OF BUSINESS OR		County & S	State, or foreign country			OF WHAT	
dur		Ing life, even If retire		NDUSTRY		77.			DUNTRY		
12	Retired FATHER'S NAM	F	Mai	ntenance	Lemont	Virg	inia		J.S.	A	
13.											- 11
		Esley Cos			Lelia	M . K					
		EVER IN U.S. ARMED FO (If yes give war or dates of		SOCIAL SECURITY NO. 17.	INFORMANT		Addre	SS			
	No			1-12-0855 Cha	rles T.	Coar	đ	(Same	1)		
1		DEATH [Enter only on		line for (a), (b), and (c).]					INTER	RVAL BET	WEEN
	PART I. DE	ATH WAS CAUSED BY	: C	arcinoma of lar	vnx				UNSI	ET AND D	EATH
	1611	IMMEDIATE CAUSE	(4)		7-2-						
Н	Conditions If	DUE	TO B	ronchopneumonia					7.9		
	Conditions, If		(b)						-		
	cause (a), si	tating the DUE	TO TO	mphysema							1500
_	underlying caus		(6)						110	MAG ALL	TORON
ICATIO	PART II. OTHER S	SIGNIFICANT CONDITIE	ONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE	CONDITION GIVEN IN	PART 1(a)		WAS AUT PERFORM	
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of Injury	In Part I or Part II	of Item 18.	.)		
AL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home,		Of. (City or town)	(Cou	inty)	(S	tate)
MEDICAL	Hour a.r		While	Not while	ry, street, office bldg.	, etc.)					
Z	p.1		at wor		P.1- 10		. F.1 00	206		. 10 6	- N - I A
				ded the deceased from			to Feb. 27				
			Feb. 2	7 19 66 , and that	death occurred at	4 PN	I, from the causes				above.
	22a. SIGNATU	RE DRG	mos	M.C. M.C	ATTENDING D	MED. DIRECTO	OR STAFF PHYS.	22b. D	28 - 6		
	22c. PHYSICIA				22d. ADDRESS			11/19			
	NAME (T	ype) D. R. Go	vinda	Rao, M.D.	7620 You	rk Rd	., Baltimo	re, M	d. 2	1204	
23a	. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City, 1	town or co	unty)	(St	ate)
	REMOVAL (Sp. Burial	eclfy)	966	Monolond M-	manial D		Panlerri 11	Pol	+0	00 3	12
24	. FUNERAL DIRE		700	Moreland Me	25a. R	EC'D BY	Parkville REGISTRAR 25b. F	REGISTRAR	SSIGN	ATURE	1d.
I.			Co.	4905 York Ro	50		1000				
_			Balto	12, Md.	DATE	MUNK.	1 1956	Miles	26	Jud	12=

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
01020	CERTIFICATE OF DEATH	alman

01030)		OLKIIIIOA	IL OI DEF	4111		1/3		1_	
1. PLACE OF DEA	TH				DENCE (Where	deceased lived, if in		Residence	before ad	mission)
	Ltimore		BEADWA BASE	a. STATE	ryland	b. cour	altin	oro		
		e limits	MARYLANC	L C CITY OR TOW	/N (If outside	corporate limits, wi	ite RURAL	and giv	re neares	t town)
	WN (if outside corporat il, and give nearest tow	n)	C. ELITAIN OF STATE IN .	11		or por ato familiar			,	
	llawn	***			odlawn			03	/	IDENOF
		M (if not in i	nospital, give street addre	d. STREET AOD	RESS			a	ON A F	
25 Gwynn	Lake Drive			25 (Gwynn L	ake Drive	7	1	res 🗌	ND 🗌
3. NAME OF	Fi	rst	Middle	Last	4. DA	TE Mont	h	Day	Yea	ar
(Type or print)	An	na	L.	Cocke	DF DE	ATR Feb.	9.1	966	19	
S. SEX		7. MARRIED		1 8. DATE OF BIRT	y	9. AGE (In years				24 HRS.
Female	White					last birthday)	Months	Days	Hours	Min.
	111120 00	WIDOWEL		1 6/11/1886		79 yrs.	1 10 0	171751	OF WILLAT	
during most of wor	ATION (Give kind of work rking life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY			tate, or foreign country	12. C	OUNTRY	OF WHAT	
Housewi				Mary	Land					
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAM	E		- 1-1-1		
John T	. Birnie			Ja	ane ?					
1S. WAS DECEASE	DEVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 1	7. INFORMANT		Addre	38			
(Yes, no, or unkown)	(If yes pive war or dates o	f service)								
No	None			Mrs. Charle	es Birn	ie same ad	dress			
			line for (a), (b), and (c).]						RYAL BET	
PART I. I	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a)				/				
422	DUE	. ,	n + 0	Atre Car	1.11	· Oc				
Cenditions, If	env which \	. 4	creciocale	stee Car	ano vi	exemen				
gava rise to	immediata ((p)								
cause (a),		10	-	perce						
underlying car		(C)	UTING TO DEATH BUT NOT R	ELAYED TO THE TERM	IMAL DIREASE	CONDITION CIVEN IN	DART 1/a)	119.	WAS AU	TOPSY
E PARTITION EN	(3) GIALLICWIA I COMPLLIC	M3 CDRIKID	OTHE TO DEATH BUTHOTK	ELATEO TO THE TERM	INAL DISEASE (CONDITION GIVEN III	17411 2(0)		PERFOR	MED?
107								YE	S	NO X
PART II. DTHER 20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING T TING CAUSE OF DEA OTIFY MEDICAL EXAMI	20b.	OESCRIBE HOW INJURY O	CCURREO. (Enter nati	ure of injury i	m Part I or Part II	of Item 18	3.)		
S (IF EITHER, N	OTIFY MEDICAL EXAMI	NER)								
Z 20c. TIME OF	F INJURY Month, Day,	Year 2Dd.	INJURY OCCURRED 20e.	PLACE OF INJURY (Ho	me, farm, 20	f. (City or town)	(Co	unty)	(S	state)
20c. TIME OF Hour a		While	- Not walle -	actory, street, office bl	dg., etc.)					
	o.m. 19	at wo			777	of als	<i>a</i>	11		
		oital)-atten	ded the deceased from.	111as. 22	195	to Fel			at (I) (v	
saw the d	eceased alive on	726-	8 19 66, and	that death occurred	at 9.332	from the causes	and on i	the date	e stated	above.
228. SIGNAT	LIEF //	-	1	ATTENDING -	MEO	OTACC	22b. [DATE SIG	GNED	1
	Harry	K.	Drage,	M.D. PHYS.	MEO. OIRECTO	R PHYS.	12	-4	-66	0
22c. PHYSIC NAME (IAN'S	61)00/	22d. ADDRE	SS /	, 1	1	200	401	. /
NAME (MARK	Y h.	NNIPP M	D 4116	Edmon	don Ho	ne k	kli	6% h	hd,
23a. BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d.	LOCATION (City, t	own or co	unty)	(St	tate)
REMOVAL (S	pecify) 2/12/19	966	7 .		B:	altimore,	Md.			
24. FUNERAL DI	ola	700	Appress -	k Cemetery		EGISTRAR 25b. R		'S SIGN	ATURE	
21/ 1	7:1	10	Sulto;	mel.	FED 4		gelia			40
M/n.1	1 when.	1 den	a houth I	Par DAT	EFEB T	4 1966	* Luca	rug	July	7

Page 4 may be retained by the nospital of attending physician, and completely filled in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician, and carbon papers. Pages 1 and 3 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

AI5 (4) W 1/65

- Duter continue a Challe Vacante 45 6 gard 12 22 1412 27 Marked to south my and planter his or the section the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE after the MARYLAND Pages urs afte OTTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR LOWN (If outside corporate limits, write RURAL and give nearest town) papers. reþ hours Meteun tunou = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? NO YES completely ve carbon p within 3. NAME DE First Middle Last DATE Month Year DECEASEO event, (Type or print) DEATH 19 66 executed 5. SEX 6. COLOR, OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 7. MARRIEO NEVER MARRIED birthday) | Months | Days Hours any WIOOWED [DIVORCED 6 10a. USUAL OCCUPATION (Give kind of work done) .= 10b. KINO OF BUSINESS OR 11/BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and EMPLOYEE BALTIMORE MARYLAND physi certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending parmit. Then LOUIS COHAN MARY D. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT ed by the attenctransit permit. Address (Yes, no zer unkown) (If yes give war or dates of service) death 6716 BRIGHTON AVE has been signed by the sas the burial-transit p prior to burial, cremati 18. CAUSE OF DEATH (Enter only one cause, per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If eny, which (h' gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health for use Health PERFORMED? NO T YES the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) 0 Hour a.m. After Id be d While Not While be retained by p.m. 19 at work at work 66 director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from D M. from the causes and on the date stated above. saw the deceased alive and that death occurred at 22a. SIGNATURE MED. M.D. PHYS. **OIRECTOR** PHYS. 4 may 22c. PHYSICIAN'S **ADDRESS** 22da NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

FRIFNDSHIP

HEBREW

& BROS. INC. 6010 REISTERSTOWN

ADDRESS

23d. LOCATION (City, town or county) (

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

MARYLAND

BALTIMORE.

(State)

VR A15 (4) 20M 1/65

BURIAL, CREMATION,

REMOVAL (Specify)

FUNERAL OIRECTOR

23a.

23b.

OATE THEREOF

2/16/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR :	STATE		1	1850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()1799
HEALTH	1 DEPT			LACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
ay is 3 to Page	th.		0	COUNTY BALTIMORE MARYLAND MARYLAND BALTO.
m. 13	nent of death.		b	CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
y de	portm			TOWSON PHOENIX P.O.
2, 2	0.0		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS O-3-1 IS RESIDENCE ON A FARM?
les I	e e			UTZLER PARKINGLOT DULANEY VA, KO MERRYMINS MILL RC/. YES NO [
Give Poges	e Sto			IAME OF First Middle Lost 4 DATE Month Doy Year PECEASED OF 2
r d ive	the		(Type or print) GEORGE K. CONNLIN, SR. DEATH & - 1966
ofter 8. Give	ith the within		S. S	The state of the s
				VIALE WHITE WIDOWED DIVORCED 1 1-23-1888 77 Yrs.
hours Item 1 Office	(\$ %		10o.	USUAL OCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
			RE	ELIRED PROPRIETOR & STORAGE BALTO, CO., MY. U.JA.
within pencil comine	pages in any		13.	FATHER'S NAME
within 24 n pencil in Exominer's	File			WALTER H. CONKLIN BARBARA BROWN
			IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (4) FE
ng	permit.		1.03	no or unknown) (If yes give wor or dotes of service) 2/8-32-1950 MRS, BERTHAF, CONKLID, SAME
d be executed 'pending' Chief Medical				18. CAUSE OF DEATH (Enter only one couse per line for (A), (b), ond (c).)
be 'p	onsi			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OTOMAN (Colored Sonset and beath ONSET AND DEATH
word word	buriol-tronsit mation, or re			4201 DUE TO 1
	o buriol-tr cremation,			conditions, if ony, which gove rise to immediate couse (o), (b) Oronzard Moulant Supplement
e the	_ 0			stoting the underlying couse DUE TO
fica	00 /10			lost. (t)
certificat e, writing farwarded	used os burial,		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
is te,	be u	0	\$ L	YES NO
This ficate,	P		CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 1B.)
ER: enti	lles. shoul t, pri		E	CAUSE OF DEATH.
EXAMINER Tute the cer oge 4 shou	our file age 3 sh ogent,		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) (County) (Stote)
CAN te t			×	Hour o.m. p.m. 19 While of work of work foctory, street, office bldg., etc.)
ecui Poo	ained for y IRECTOR: Podesignoted			21. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🖳 Inquiry 🔲, and in my apinion
ex e	of f			death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
Dose ose	DIRECT Ts design			CHIEF MEDICAL EXAMINER
Ple A	T O E			ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22 DATE SIGNED
UTY,	o & o	21		EXAMINER'S DEPUTY MEDICAL EXAMINER 2/-7//
O DEPUTY necessary, the funeral	5 moy be re O FUNERAL Heofth or its			NAME (Type) Address (Street, city, town, or county)
o l nec	5 m Hea	01	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
-	-	1	0.0	BURIAL 2 1/66 CHESTAUT BROUE BALTO, CO., Md.
V	R A15ME (5)	B	24.	FUNERAL DIRECTOR ADDRESS BALTO, 6. 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	6M 1/66	10		L. Walter Con Rein 5444 BELAIR Rd DATE B 14 1998 Ochange Judge

policy for an experience of the particular of th PROTECTION OF THE PROPERTY OF A STREET OF

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera 2. USUAL RESIDENCE (Where daceased lived, Il Institution: Residence before admission) PLACE OF DEATH a. COUNTY hours b. COUNTY by the and 2 death. Baltimore Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 24 write RURAL and give nearest town) after 5 Pages Reisterstown Baltimore 21207 within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE papers. Pag in 72 hours a ON A FARM? YES NO completely Church Road Box 234 3719 Milford Rd. 3. NAME OF 4. DATE Day Vani Middle Month DECEASED OF Feb. 16. 1966 DEATH (Type or print) Flora Cook carbon withi 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX and last birthday) Months Min. 22/1885 WIDOWED DIVORCED physician гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working lile, evan il retired) U.S.A. Housewife None Hebbyille, Md. please 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pue George Washington Longley Elizabeth Ann Shotrow aften Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Reisterstown, Md. (Yes, no, or unkown) | (Ifyes give war or dates of service) Heiland-Box 234 Church Rd No permit. aftending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 6.6.63 cremation, burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO has (a), stating the undarlying the 0 cause last. PHYSICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY the hospital 98 0 CERTIFICATION PERFORMED? use prior NO X Po 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 WEDICAL (State) (County) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year refained jo factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: Dept. at work at work p.m. Pe 21. I certify that (I) (this hospital) attended the deceased from. plnous State 15 19 com, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. may 22b. DATE SIGNATURE ATTENDING HOSPITAL death. Page 4
O FUNERAL page with t DIRECTOR PHYS. PHYS. argue 22c. PHYSICIAN'S 22d. ADDRESS. director, ibe filed v NAME (Type) Clarence E. MdWilliams 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25a REC'D BY REGISTRAR 19/66 Burial Olive Cometery 24 FUNERAL DIRECTOR'S SIGNATURE Loring Byers-8728 Liberty Rd. Randallstown. Md. VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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AS ASSOCIATION OF 225-32-32-3740 Ers. healtest. tellend-der 256 Church 16.

Clarence R. Marill Pane

Borkel 2/19/66 int. Diays Ormetery EllyMero 2007, Ma.

Loging Ererg-9728 Liborty Well Eastellevent, Ma.

	MARYLAND STATE DEPARTMENT OF HEALTH	
01852	CERTIFICATE OF DEATH	MORE 1, MARYLANI () 18()

OTONO .	CERTIFIC	CAIL OI DIA	• • •	01801
1. PLACE OF DEATH a. COUNTY				Institution: Residence before edmission)
Baltimore	MARYLAI	ND Md NATE	Balto. COU	NTY
b. CITY OR TOWN (if outside corporete limi write RURAL and give nearast town)	its, c. LENGTH OF STAY IN	c. CITY OR TOWN	(If outside corporete limits, writ	e RURAL and give neerest town)
Catonsville		Catons	ville 28	03-1
d. NAME OF HOSPITAL OR INSTITUTION (d. STREET ADDRES	S	IS RESIDENCE ON A FARM?
51 Briarwood Rd		51 Bri	arwood Road	
3. NAME OF DECEASED (Type or print) Willam	E. Costin	Last	4. DATE Mont	
5. SEX Male White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	- 30 - O/	9. AGE (In years last birthdey) 76 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retire Retired	k 10b. KIND OF BUSINESS OR INE	Balto. M	unty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
G.B.Costin		14. MOTHER'S MAIDE		
15. WAS DECEASED EVER IN U.S. ARMED FOR		17. INFORMANT	Addres	\$
(1985 PO, Or Unkown) (ITyes give weror detes of s		Emma Costin.	51 Briarwood	d Rd.zone 28
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause lest. (c)	arterio pe Beni lit	lerosis -	general	ONSELAND DEATH
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury	in Pert I or Part II of item 18.)	
20c. TIME OF INJURY Month, Dey, Ye Hour a.m.	While Not While et work	e. PLACE OF INJURY (Home, fe factory, street, office bldg., e	tc.)	(County) (State)
21. I certify that (I) (this hospit saw the deceased alive on	tal) attended the deceased fi	that death occurred at	19, to 2/5 0.4M, from the causes	and on the date stated above.
	clas	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	A /A 5	6411	Frederice	avz:
238. BURIAL, CREMATION, 23b. DATE THEIR DUTING (Specify) Feb. 8/6			Baltimore &	county) (State)
24 EUNERAL DIRECTOR'S SIGNATURE E	dmondson Ave	25a. R	EC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE Clarley Judge
			11	

VR A15 (4) 20M 5-63

14.850 . TOTAL miraci do mailli 100.0 .001 28 VE KAN .1 01180 EAST SIGN BY TOOM LEFT THE TEST BON BOTH TO The state of the s . No. 24 (25 Cont. 25 Cont. 10 To the state of th

FOR STAFE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay a Cossary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within

VR ALSME (5) 1/65

5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01253

- 1	-	0100		
	1.	PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ria, STATE	BALIO
	-	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporata limits, write RURAL BALTO - RURAL - OV-	10-01
А		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
0		417 2LMW00D D "C"	417 ELMWOOD Au	e on a farm?
		NAME OF DECEASED (Type or print) THOMAS HENRY (UMMINGS 4. DATE OF Jeb	Bay Year 3 19 66
	5.	MALS 6. COLOGOR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH JULY J-1897 9. AGE (In years IFUNDER Months Worth W	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
	uui i	Superintend Crown Cork Seal	Tillmans Island	.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Charles Cummings	A lice S. Sinclair	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s. no. or unkown) (If yes give war or dates of service)	INFORMANT Address	
			s Frances Cummings 117 Elmwood	Road
	T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	: 2 = 0 0:	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: ATHEROSCL	EROTIC Cardeo -	ORSET AND DEATH
		4211		0 . 1
		Conditions, if eny, which) (b) Vascular	Deseare	serge.
		gave rise to immedieta cause (a), stating the DUE TO		
		underlying cause last. (c)		
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
0	CAT	Emphysema		YES NO
	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH.	JRRED. (Enter nature of Injury In Part I or Part II of Item 18	.)
	SAL			inty) (State)
	MEDICAL	Hour a.m. While Not While at work	pry, street, office bldg., etc.)	
	2	21. I certify that I took charge of the remains described above, hel	ld an Autopsy , inspection , Inquiry K,	and in my opinion
			icide , Homicide , Undetermined manner	
			CHIEF MEDICAL EXAMINER	
9		SIGNATURE THE C. Ftg. C.	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
oh		EXAMINER'S	DEPUTY MEDICAL EXAMINER	1-3-61
		NAME (Type) U V O H / V C. 1 TY C.	Address (Street, city, town, or county)	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	. Dand Pol-	timore Co.
	61	Burial 2-7-1966 Lorraine ceme	etery Dogwood Twat Date 10 / 1 25a, REC'D BY REGISTRAR 25b, REGISTRAR	
1	24.	FUNERAL DIRECTOR ADDRESS	50 5-1 7 1000 Williamler	
0	17	Jassan Sungal Jone 7401 Relain	Read TATES 7 1966 Junior	0

Takao amanganarika arasamira da araw - 1 2810 -The second second

write RURAL a Catons v d. Name of Hos Name of Deceased (Type or print)	Balto. I (if outside corporate limited give neerest town)		MARYLAND NGTH OF STAY IN 16 ive street eddress)	Bal	RESIDENCE (WE CONTROL OF TOWN (If outsing times and the control of	b.	COUNTY	-	√
write RURAL a Catons v d. Name of Hos Name of Deceased (Type or print)	N (if outside corporate limited give neerest town)		NGTH OF STAY IN 16	Bal	or town (If outsi	de corporate limit	s, write RURAL e	and give nee	rest town)
write RURAL a Catons v d. Name of Hos Name of Deceased (Type or print)	ind give neerest town)			Bal d. STREE	timore		,	5	,
NAME OF HOS NAME OF DECEASED (Type or print)		if not in hospital, g	ive street eddress)	d. STREE					lefo
DECEASED (Type or print)	ph's Ac	irsing	7 Hon	00-	I VDDKE33				. IS RESIDEN
DECEASED (Type or print)	Fire	1. 10		226	Stonec	roft Rd			ON A FAR
CEV		1. Oben	Middle	h O a	1 0	ATE OF DEATH	Month	964/6/	Yeer 19
SEX	6. COLOR OR RACE	7. MARRIED TI	SEVER MARRIED	B. DATE OF BII	RTH	9. AGE (In	yaars IF UNDE	RTYEAR IF	UNDER 24 H
Male	White	WIDOWED	DIVORCED	Feb.1	2/77	188	hday) Months	Deys F	lours Mir
a. USUAL OCCUP	ATION (Give kind of work	k 10b. KIND OF	BUSINESS OR INDUS	RY 11. BIRTHP	LACE (County & S	tate, or foreign co	ountry) 12. C	ITIZEN OF V	VHAT COUN
Retired	Inc, even a fente			Balt	o. Md.		U	SA	
				1					
es, no, or unkown)	EVER IN U.S. ARMED FOR (Ifyes give war or dates of s	ervice)							Da
Lie griven on				arice .	n. Darr	ey, aco	prone	CLOI	na
geve rise to imme	ny, which (b)								
PART II. OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT I	OT RELATED TO	THE TERMINAL DI	SEASE CONDITIO	ON GIVEN IN PA		WAS AUTO PERFORMEN
OR CONTRIBUTIN	IG CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter netur	e of injury in Pert I	or Pert II of item	18.)		
Hour a.m		WhileN	of While fe	ACE OF INJURY ctory, street, office	(Home, ferm, 2D ce bldg., etc.)	f. (City or town)	(Co	ounty)	(Steta
		7//			5 10-15				
22e. SIGNATUR	Plum 2	Carr	h	ATTEND	ING MED.	STAFF		4	226. DA
		Roact	7	22d. Al	DDRESS BEZT	-0 Na7	-2 Pine	2122	8 M
BURIAL, CREMA	Tion, 236. DATE THE	100					ity, town or cou	nty)	(State)
			ADDRESS		25a, REC'D BY	REGISTRAR 25	b. REGISTRAR'S	SIGNATUR	E
	Conditions, if a geve rise to immers, and it cause lest. PART II. OT: Conditions, if a geve rise to immers, and it cause lest. PART II. OT: 20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI) 21. I certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN NAME (Ty) FUNERAL DIRECT.	Dee during most of working life, even if retire Retired FATHER'S NAME Dailey WAS DECEASED EVER IN U.S. ARMED FOIES, no, or unknown) (lifyesgive war or dates of sex, no, or unknown)	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Retired FATHER'S NAME Dailey WAS DECEASED EVER IN U.S. ARMED FORCES? IB. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), stelling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. 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VS A15 (4) 15M 10/57

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
1058	CERTIFICATE OF DEATH	

Reg. Dist. No. 1118U4

1. PLACE OF DEATH o. COUNTY Be	ltimore		MARYL	- 11	a. STATE	CE (Where deceo	sed lived. If instituti b. COUNTY		ce before o	admission)
b. CITY OR TOWN (I RURAL and give no	If autside corporate limi earest town)	ts, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOW	/N (If autside car	porote limits, write R	RURAL and g	give neares	t tawn)
			50 yrs		Baltim	ore M	aryland		03	-1
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDR					S RESIDENCE ON A FARM?
Box I	O Maine	Aven	ue		Box IC	Maine	Avenue	zone		ES NO
3. NAME OF DECEASED (Type or print)	Feliks		Middle D	anie	Lezyk	4. DATE OF DEAT			23	Year 19 66
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 8. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.
F	W	WIDOWI	ED NORCED	D M	ay 30	1887	yrs.	Months	Days H	lours Min.
10o. USUAL OCCUPATION during most of work	king life, even if retired	dane 10b.	kind of Business of home	R INDUSTRY	Polan		country)	I2. CIT		WHAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MA	IDEN NAME				
Carol F	Binkowski				Cat	herin	Idamowsk	d		
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.	17. INFO		Michal	ski Box		aine	Ave-T
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THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CURBED (nter nature of inju	ury in Port I ar P	art II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yes	While of world	_ Not while	20e. PLACE factory	OF INJURY (Ham , street, office bld	e, form, 20f. (C	ity ar town)	(0	County)	(State)
21. I certify the alive an	at I attended the	deceas		death ac	, 19 4 G		om the causes o	and an th		the deceased
ACTUAL SIGNATURE	m38	air		M.D.	4800	O PORESS	Street, city or town,	stote	and	DATE SIGNE
PHYSICIAN'S NAME (Type)	MBD.	4V/	's MD		Du	fur - 2	11200	2/	/ '	1/24/6
220. BURIAL, CREMATIO REMOVAL (Specify)	2-28-6	o F	Helve Ro			7.7	ATION (City, town, timore.)		and	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	100	ADDRESS (S)	18.0		REC'D BY REGI	STRAR 24b. REGI	STRAR'S SIC	SNATURE	

THAT YEAR STATE DEPARTMENT OF TRACTION OF STATE THE LESS OF THE PARTY OF THE PA

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY Baltimore a. STATE b. COUNTY MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL end give neerest town) Baltimore-rural Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Fort Howard Hospital 919 YES NO Wilmer Ct 3. NAME OF Middle Last 4. DATE DECEASED OF (Type or print) DEATH Clifton William Davenport 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Sat birthday) Months Hours April 13, 1911 colored WIDOWED IX DIVORCED male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D. C. U.S.A. Porter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Davenport Martha Lomax 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Yes Emma Davenport - 900 W. Lexington St. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Massive spontaneous intra-cerebral hemorrhage DUE TO Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2/15/66 EXAMINER'S NAME (Type) Werner U. Spitz, D. D. 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Slete) REMOVAL (Specify)
Burial 2-18-66 Baltimore National Baltimore, Maryland 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 802 Madison Ave., Balto., Md.

RTMENT OF HEALTH

Items 18&21 Film G37MARYLAND STATE

FOR STATI Page EN Page pages 1 PM3. File with Office along burial-transit p in pencil should be noval, "pending" N 10 SE Examiner 9 nsed cremation 2 Medical JICAL EXAMINER: This plnods writing the e Chief Mec Page 3 shot the C. Page prior should be forwarded to the FUNERAL DIRECTOR: agent, designated DEPUTY please 4 shoul O FUN its 9

VS. A15ME 5M 9/60 SHE H wet missessed was a few to the second to the 121/405-7581 From Severgent - 902 W. Letterent St. oneither that it was the contribution of the start that Thurston R. Enw SUR Multison ave. Smite . The Line

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH funeral hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTX after by the MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) arbon papers. Pag nt, within 72 hours NSVILL and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDR e. IS RESIDENCE ON A FARM? ND YES 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. Carbon 3. NAME OF First Middle Last DATE Month OECEASED (Type or print) DEATH AGE (In years | IFUNDER | Months | 6. COLOR OR years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED remove Davs Hours WIDOWED DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work done Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician please I, and ir during most of working life, even if retired) COUNTRY? 60 FATHER'S NAME MOTHER'S MAIDEN NAME attending ph remova Susie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address SOCIAL SECURITY NO. INFORMANT 17. burial-transit permit. burial, cremation, or (Yes, ng, or unkown) (If yes give war or dates of service) the CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) d DUE TD Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO C YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. 19 at work at work 21. I certify that (I) (this heepital) attended the deceased from and that death occurred at 1243 M. from the causes and on the date stated above. saw the deceased alive on the 22a. SIGNATURE 22b. DATE SIGNED 2 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THERED 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 25a. 25b. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		V = 111 11 1 0 1 1 1	- 4/	•		01001			
1. PLACE DF DEA a. COUNTY	TH			CE (Where deceased lived, If in		Idence before admission)			
	BALITIMORE	MARYLAND	e. STATE	ARYLAND b. cou	ICOMIC	0 1			
Write RUKA	WN (If outside corporate limits, L and give nearest town)	c. LENGTH DF STAY IN 1b		outside corporate limits, w					
FORT HOW		4 DAYS	SALISBUR	Y	2.	2-2			
	OSPITAL DR INSTITUTION (If not in h		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
	ADMINISTRATION HO	SPITAL	221 MIDDLE	E BLVD.		YES NO X			
3. NAME DF DECEASED	First	Middle	Last	4. DATE Mont	h	Day Year			
(Type or print) 5. SEX		EDWARD	DAVIS	DEATH FEBRUAR	Y	18 19 66			
and the second second	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	XXXXXXXXXX	9. AGE (In years last birthday)	Months D	YEAR IF UNDER 24 HRS.			
MALE	WHITE WIDOWED	DIVORCED XX	12-18-98	O'/ vrs.					
during most of wor	king life, even If retired)	IND OF BUSINESS OR VIDUSTRY BER HOSE CO.	WILLARDS	co., MARYTAND	12. CITI	IZEN OF WHAT NTRY?			
13. FATHER'S NA	ME		14. MOTHER'S MAID	EN NAME	_ Uak	S.A.			
BENJAMIN	T. DAVIS		ANNA K.	DAVIS DAVIS					
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYNO. 17.	INEDRMANT	Davis (Son) Sa	ss	#2 A2			
YES	WW-11 21	7 10 3691 CE	Louis F. I	ET. ADM. HOSP.	PT HOW!	ARD. MD			
	DEATH [Enter only one cause per I	ne for (a), (b), and (c).]				INTERVAL BETWEEN			
1/1	EATH WAS CAUSED BY: PUI	MONARY EDEMA A	ND CONGESTI	VE CARDIAC FAI	LURE	ONSET AND DEATH			
4-201	DUE TO								
Conditions, If	eny, which (b) ART	ERIOSCLEROTIC	HEART DISEA	SE		1 YEAR			
cause (a),	gave rise to immediate cause (a), stating the								
underlying cau	(C)								
DVODE!		TING ID DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTDPSY PERFORMED?			
2Da ACCIDENT	RMA, GENERALIZED WAS UNDERLYING 1 20b. 0	ECCDIDE HOW INTERV COOK	IDDED (False and an art		4.0	YES X ND			
DR CONTRIBUT	ING CAUSE DE DEATH	ESCRIBE HOW INJURY OCCU	KKED. (Enter nature of	injury in Part I or Part II o	n Item 18.)				
9		JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(Count	y) (State)			
Hour e.	m. 19 at work	et work							
21. I certi	fy that (this hospital) attende	d the deceased from Fe	b. 14 2.0019	66 to Feb. 18	19 66	that Of (we) last			
saw the de	ceased alive on reo. IC	1966 , and that	death occurred at_	a. M, from the causes	and on the	date stated above.			
22a. SIGNATU	RE At m A	1			225. DAT	E SIGNED			
22c. PHYSICI	eller III. see	m.D	. PHYS. \square (DIRECTOR PHYS.	2-18	3-66			
NAME (T		RN, M. D.	VET. ADM	. HOSP., FT. H	OWARD,	MARYLAND			
23a. BURIAL, CREM REMDVAL (Sp	MATION, 23b. OATE THEREOF	23c. NAME DF CEMETERY	OR CREMATORY	23d. LOCATION (City, to		.,			
BURIAL	Feb. 22/1966		ly Cemete:	TY WILLIARD	S, MAR	YLAND			
24. FUNERAL DIR		HOLLOWAY & COM	PANY 25a REC	'D BY REGISTRAR 25b, R	EGISTRAR'S	(1) .70			
		CATTODIDY MAT		40 1000	and a	Judge			

SALISBURY, MARYLAND

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School Pen, 22/1965 Dennis Family Cemetery Alliants, Williams

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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form

With

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Office

in Item 18. Give Pages

This certificate shauld be executed within 24 hours after death.

ward "pending" in pencil in the Chief Medical Examiner's

writing the ward

please execute the certificate,

EXAMINER:

O DEPUTY MEDICAL

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6M 1/66

0 Department after haurs State the within with eye File remaval burial-transit Б crematian, 0 burial used to be prior shauld agent, for may be retained

PLACE OF DEATH Baltimore o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rural Baltimore Rural- Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 1310 Midmeadow Rd. 1310 Medmeadow Rd. 3. NAME OF First Middle 4. DATE Manth DECEASED Feb. 2 Kirbu (Type or print) Jawson S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years 7. MARRIED Nov. 13. Male White WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Engineer INDUSTRY Maryland Electrical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles K. Dawson Catherine Kirk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service 714-01-7316 Mrs. Eva C. Dawson. 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) Haur a.m. While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark L at wark its designoted 21. I certify that L took charge of the remains described above, held an Autapsy Inspection -Inquiry death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 5 may be 70 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, tawn, or county) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore e. IS RESIDENCE ON A FARM? YES NO DE Year 66. IF UNDER 1 YEAR | IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRYUSA (Same)

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

NO

(State)

23d. LOCATION (City or Town)

(County)

TIMERE. 250 REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Leonard J. Ruck Inc. Balto. Md. 21214

(County)

AT THE REAL PROPERTY OF PROPERTY AND PROPERTY.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01860 CERTIFICATE OF DEATH

1.	PLACE OF DEAT	4			Ī	2. USUAL RES	IDENCE (Whe	re deceased lived, If in	stitution: Re	sidence before	admission)	
	Baltimo	re		MARYL	AND	a Mary 1	and	b. cou	NTY			
	b. CITY OR TOW write RURAL	N (if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY	IN 1b							
	Towson						more		3		<u> </u>	
		SPITAL OR INSTITUTION		ospital, give street ad	idress)	d. STREET AOO	RESS				RESIDENCE A FARM?	
		eph's Hospit	tal					eld Avenue		YES	No R	
3.	NAME OF DECEASED	Firs	t	Middle	1-	Last	0	ATE Mont			Year	
E	(Type or print)	John				aumont		19. AGE (In years			9 66	
3.		6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED		. OATE OF BIRT		last birthday)	Months (Days Hou		
	Male	White	WIDOWED	DIVORCED		Feb. 12,	1903	63 yrs.				
		10N (Give kind of work doing life, even if retired)	16	IND OF BUSINESS OR NDUSTRY			CE (County &	State, or foreign country	y) 12. CIT COL	IZEN OF WI	IAT ICA	
1	lant Su	pervisor	C &	P Telephor	ne Co		sylvani			U.	SH	
13.	. FATHER'S NAM					11	MALOEN NA					
	John	deBeaumon	-		100	Hannah	Doyle	2				
		EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17.	INFORMANT	0	Addre	SS			
(46	es, no, or unkown)	(If yes give war or dates of s	2/2	050448	Sa	lly deß	eaumoi	nt	10	ame		
	18. CAUSE OF	DEATH [Enter only one	cause per l	ine for (a), (b), and (c)).]					INTERVAL		
	PART 1. O	ATH WAS CAUSED BY:	Car	cinoma of	ai chi	lung sel	th mot	notonia ta		ONSET AN	DUEATH	
	163)	IMMEDIATE CAUSE (a			_	_	TOT ME	astasis_60				
	Cenditions, If	10EM		liver and	Lym	oh nodes						
	gave rise to	Immediate /		fluent bron	achoi	meumonia	, left	lower lob	0			
	cause (a), s	tating the DUE To	0									
2	underlying caus									1		
T10	PART II. OTHER	SIGNIFICANT CONDITION	SCONTRIBL	JTING TO DEATH BUT N	OT RELA	TED TO THE TERM	INAL OISEASE	ECONDITION GIVEN IN	PART 1(a)	19. WAS PERF	AUTOPSY ORMED?	
S	81.00									YES X	NO 🗌	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEATH	20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nat	ure of Injury	In Part 1 or Part 11	of Item 18.)			
	-	INJURY Month, Oay, Ye		NJURY OCCURRED 12	Oo DI AC	E OF INJURY (Ho	ma form 2	Of. (City or town)	(Coun	tu)	(State)	
MEDICAL	Hour a.		While		factor	y, street, office b	ldg., etc.)	or. (Gity of town)	(Coun	ity)	(State)	
ME	10.000	m. 19	at wor	k at work								
1	21. I certi	y that (I) (this hospit	al) attend	ed the deceased fr	om Fe	0. 16	1966	to Feb. 19	, 19.66	_, that (!)	(we) last	
	saw the de	ceased alive on Fel	ornary	19.19 66 a	nd that	death occurred	at10:15	I, from the causes	and on th	e date sta	ted above.	
	22a. SIGNATU			0			- 1	4	22b. OA	TE SIGNED		
		DREGA	when		M.O.	PHYS.	MED. OIRECT	OR PHYS.	Fehm	namy 7	9,1966	
	22c. PHYSICI	N'S			1111.0	22d. AOORE				4944	7-9-1-1-1-1	
	NAME (T	ype) D. R. Gov	rinda i	Rao		7620	York H	Road, 21204	1			
232	BURIAL, CREM	MATION. 23b. DATE TH	EREOF	1 23c. NAME OF CE	METERY		23d	LOCATION (City, t		nty)	(State)	
	PEMOVAL (SP	(cify) 2 22 6		Morleand			B	altimore,				
24	. FUNERAL DIR	CTOR		ADDRESS		. 1 25a	RECHO BO	REGISTRAF 25b.	EGISTRAR'S	SIGNATUR	S. F.	
	Leonard	1 J. Ruck J	Inc B	altimore,	Ma	DAT	100 4	0 1000	577	and	1	
-		0				DAI	L	1				

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liver and lends codes Condition; bry convenients, left lang lake

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La drane, at at a Colmans, Ma.

FOR STA HEALTH

P.M.3. Page y delay is

alang with farm

in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

necessary, please execute the certificate, writing the word "pending"

with the State Department of pages rand with the State Department of in any event within 72 hours after death.

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, prior ta burial, cremation, or remaval, and

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH 301 Division of STATISTICAL RESEARCH AND RECORDS W PRESTON STREET RAITIMORE MARYLAND 21201

01869	L DIVISION OF STATISTICA	MEDICAL EXAMIN				ad a	810
1. PLACE OF DEATH				SIDENCE (Where deceose			odmission)
o COUNTY Balti	more	MARY	O. STATE	Maryland	b. COUNTY	Baltim	ore
b. CITY OR TOWN	(If outside corporate limits, id give nearest tawn)	c. LENGTH OF STAY II	t 16 c. CITY OR TO	OWN (If autside corparot	te limits, write RURAL	and give nearest	town)
Towso	n			Towson		0.	3-1
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in I	hospital, give street address)	d. STREET AD	DRESS		e	IS RESIDENCE ON A FARM?
93 6 Dul	laney Valley R	oad	936 D	ulaney Val	ley Road	У	ES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Manth	Day	Year
(Type or print)	ANITA	FISCHE	R DECK	ER OF DEATH	February		19 66
S. SEX	6. COLOR OR RACE 7. 1	MARRIED NEVER MARRIED	B. DATE OF BIR	TH 9.		FUNDER 1 YEAR Manths Days	Haurs Min.
Female	11117 00	IDOWED DIVORCED		5,1899	6 yrs.		
during most of working	N (Give kind of wark dane	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State ar fareign car	untry)	12. CITIZEN OF	WHAT
HOUSEY	VITE	own Home		consin		COUNTRY?	A.
13. FATHER'S NAME	P. Fisoho	e/		MAIDEN NAME	cheals		
	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Address	71	
VO	(If yes give war ar dates af serv	218-14-043	7 FAMIL	Y RECO	ROS		
1B. CAUSE OF D PART I. DEA	DEATH (Enter anly one cause pe ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).) Pulmonary th	rombosis wi	th infarct	ion of		RVAL BETWEEN ET AND DEATH
46.	5 / DUE TO	left	lower lobe				
Canditians, if and	te couse (a)						
stoting the unde	erlying cause DUE 10						
lost.) (c)_					1	
PART II. OTHER S	ignificant conditions contri ogenic bladder	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART I(a)		WAS AUTOPSY PERFORMED? NO
200. EXTERNAL C	AUSE WAS	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature af	injury in Part I ar Part	II of item 1B.)	14.	, <u>m</u>
PRIMARY Or CO CAUSE OF DEATH.	ONTRIBUTING		,	,,,			
Hour o.	URY Month, Day, Yeor m. m. 19	20d. INJURY OCCURRED While Nat While at work of work	20e. PLACE OF INJURY (H factary, street, affice		(City ar town)	(Caunty)	(State)
21. I certif	y that I taak charge af	the remains described ab	ave, held an Autop	sy 🔀, Inspectio	n , Inquiry	and and	in my apinian
death resul	ted from: Natural ca	uses 🔀 , Accident 🔲 ,	Suicide, F	łamicide 🔲 , Un	ndetermined man	ner 🗌	
ACTUAL	X) N		CHIE	F MEDICAL EXAMINER			
SIGNATURE	1288	ishen	M.D. ASSI	STANT MEDICAL EXAMINE	R 🔲		2. DATE SIGNED
EXAMINER'S NAME (Type)	Prince	11 C Fisher		JTY MEDICAL EXAMINER ress (Street, city, tawn, c		2-2	8-66
230. BURIAL, CREMATI		23c, NAME OF CEME			CATION (City or Town)	(Caunty)	(Stote)
CREMOVAL (Specific	N 3/1/66		ount	B	alto. Cit	tu 7	Nd.
24. FUNERAL DIRECTO	P. I	ADDRESS		2Sa. REC'D BY REGISTRA	0.0	TPAR'S SIGNATURE	0 /
20000 12	ween your	· Cus	on, Red -	DATE MAR 3	1966 /	nances	Judge

The production of the result of the production o

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before edmission) a. COUNTY BATTO by the and 2 death. Baltimore MARYLAND b. CITY OR TOWN (if outside corporata Ilmits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) 2 Catonsville Catonsville Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? House In Pines. 16 Fusting 308 Lee YES NO TO completely papers. Drive 3. NAME OF 4. DATE Month Dev Middla Veer DECEASED (Type or print) Frank DEATH Feb. (Francesco) P. De Fina 19 withir carbon 9. AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH and last birthdey) Months Hours Min. Male White March certificate WIDOWED DIVORCED [physician 10e. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if refired)
Retired Presser USA Italy please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME guip Joseph DeFina Catherine -----28 Addre One 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) 4629 DeFina .308 Mrs. Carmela Lee Drive permit. attending physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] has been signed by e burial-transit permi ONSEL AND DEATH 5 PART I. DEATH WAS CAUSED BY: cremation IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immadiete cause burial, DUE TO (a), steting the underlying the causa lest. hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 92 0 CERTIFICATION PERFORMED? prior use NO I detached for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Pert II of item 18.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED ō fectory, street, office bldg., etc.) Not While Hour e.m. While DIRECTOR: at work et work p.m. pe pinous 1900, and that death occurred at h. P. M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE with the 3 SIGNED ATTENDING MED. DIRECTOR HOSPITAL FUNERAL PHYS. V M.D. Page 22d. ADDRES 2/2c. PHYSICIAN'S director, F be filed w death. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0 REMOVAL (Specify) Loudon Burial 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE F.D witzke Edmondson "ve 1966 VR A15 (4) 20M S-63

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

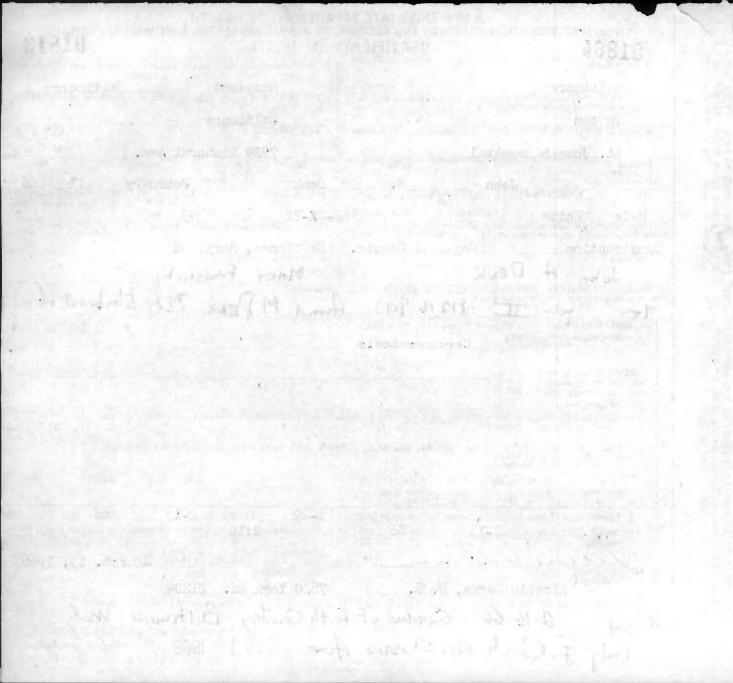
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

V 01863 CERTIFICAT	E OF DEATH	01912
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
a. COUNTY Baltimore	a. STATE Md. b. COUNTY	44
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	timore and give nearest town)
write RURAL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Catonsville d. STREET ADDRESS	0.3 — I
		ON A FARM?
Forest Haven Nursing Home	1322 Dillon Heights Ave.	
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Catherine E. De	elker DEATH Feb. 1	7, 1966
7. MARKIED NEVER MARKIED A	8. DATE OF BIRTH 9. AGE (In years IFUNDER last pirthday) Months	Days Hours Min.
	Apr. 17, 1878 87 yrs. Months	Days Hours Him.
10a. USUAL OCCUPATION (GIVE KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	C	ITIZEN OF WHAT
Housework At Home	Md. U.	5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Delker	Catherine Schlag	
	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) None	ymond L.Clingman 1322 Dill	on Hghts/
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	lan Baridant	ONSET AND DEATH
MMEDIATE CAUSE (a)	1 Decedent	OI /mar.una
Conditions, If any, which) DUE TO Henry alraed	Antonionalmonia	15+ Ware
gave rise to immediate	William Consu	1 - 9,50
cause (a), stating the DUE TO		
underlying cause last. (c)	ATER TO THE TERMINAL PLOCADE COMPLETION OF THE IMPART 1/o	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?,
101		YES NO V
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE STORT OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18	•)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
P.m. 19 While Not While at work		
21. I certify that (I) (this hospital) attended the deceased from	12/20, 1960, to 17 File, 196	that (I) (we) last
	at death occurred at 3:354 M, from the causes and on t	he date stated above
22a. SIGNATURE	22b. D	DATE SIGNED
M. Jallafer M.	D. PHYS. MED. STAFF PHYS.	Feb-66
22c. PHYSICIAN'S NAME (Type) Wilmer K. Gallager, Jr.	22d. ADDRESS	
NAME (Type) Wilmer K. Galrager, Jr.	6630 Balto. National Pi	ке
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	
Burial 2-19-1966 Ward's Ch		Md.
24. EUNERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
X Howard Thong To W. NOTTH LEG	e. DAFEB 21 1956 geliant	es judge

VR A15 (4) 15M 4-64 SISIO . . . The section of the second second section is a second section of the second section section is a second section

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and incany event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ľ	01865	CERTIFICATE	OF DEATH		018	14	
1.	PLACE OF DEATH a. CDUNTY		2. USUAL RESIDENCE	E (Where deceased lived, If instit		before admission	n)
	BALTIMORE	MARYLAND	a. SIAIL MA	RYLAND		V	
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If o	outside corporate limits, write	RURAL and glv	e nearest town	1)
	GARRISON	8 DA45	DAL;	TIMORE	30-4		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	11	8	DN A FARM?	E
	FOXLEIGH NURSING	HOME	3348	DOTLIE101	NVE IN	res No.	1
3.	NAME OF First	Middle	Last	4. DATE Month	Day	Year	Ī
	(Type or print) /ACOB	DIC	KLER	DEATH de	1	19 66	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF last birthday)	Onths Days	Hours Min.	
	MARIE WHILE WIDOWED	DIVDRCED		72 yrs. "			•
10a	B. USUAL OCCUPATION (Give kind of work done 10b. KIN king most of working life, even if retired)	DUSTRY ALTA	11. BIRTHPLACE (Cou	unty & State, or foreign country)	12. CITIZEN COUNTRY		
-	STORE KEEPERIMEACULA	ASCER!	RUSSII	A	11.5	P.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDE	_ / _			
	ABRAHAM DICK	LER	LIEE	BERMAN, JE	PINNIE		
	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S(es, no, or unkgwn) (If yes give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT	Address		- AU	3
	10 34	2-40-5926 M	es. Nose X	DICKLER :	33481	DOLFIELD	2
	18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]	1.0-	-01.		RVAL BETWEEN ET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11/40can	dial +	-itaretion	6	seus	
	4201 DUE TO	Als:				0	
	Conditions, if any, which) (b)	Arterio	Belows	دع	w	Stevenor	7
	gave rise to immediate cause (a), stating the DUE TO						
_	underlying cause last. (c)						-
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY PERFORMED?	1
ICA	Malnouistmen	t			YE		-
RTIE	20a. ACCIDENT WAS UNDERLYING 2Db. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of I	Item 18.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	n.	factor	CE OF INJURY (Home, far ry, street, office bldg., etc		(County)	(State)	
MED	P.m. 19 at work	Not While at work					
	21. I certify that (I) (this hospital) attended			66, to Feb 1		nat (II) (we) las	
	saw the deceased alive on 1-29	19 24, and that	death occurred at &	fis M, from the causes ar			e.
	22a. SIGNATURE	1	ATTENDING M	MED. STAFF	22b. DATE SIG	GNED	
	Jover).	M.D.	. PHYS. L	TRECTOR PHYS.	rew	1-176	-(
	22c. PHYSICIAN'S NAME (Type)	1 11:11-	22d. ADDRESS	2:1 4/1.	1 1/2	ue	
	40.0	On NAME OF OFFICE	70 / 50	Wast 1000 TION 10th to	9-1		=
238	a. BURIAL, CREMATION, 23b. DATE THEREOF 2/3/66	SHAARET TELL	OR CREMATORY	BALTIMORE, 9M	ary land	(State)	

VR A15 (4) 15M 4-64

BROS. INC. 6010

REC'D BY REGISTRAR B 7 1966 25a. DATE

25h REGISTBAR'S LIGNATURE

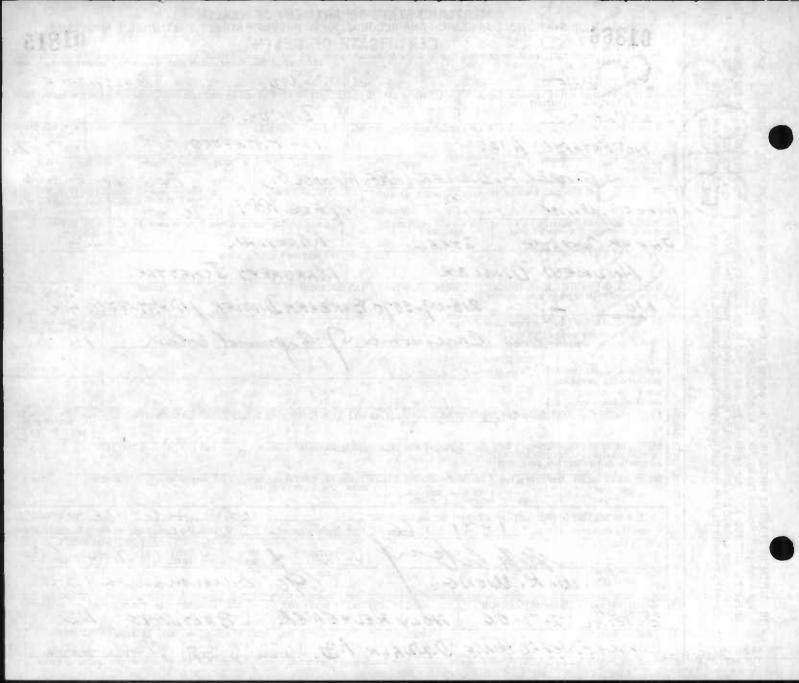
MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HOLSTON D

_	E	D	TI	CI	C	٨	TE	. 0	E	D	C	A.	TI	3
L	E	к	3.1	CI	Le.	н			ИΓ	- 14	JIE.	н	1.5	7.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
BALTINORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
DUNDALK	DONDALK 03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
118 PATAPSCO AUE.	112 PATAPSCO FIVE YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) GEORGE AIDIMLER HEA. N	TICHREL O, DEATH FEBRUARY 20 19 06
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Isst birthday) Months Days Hours Min.
MALE WITHTE WIDOWED DIVORCED	17 FEB. 1849 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
THEAR OPERATOR JTEEL	MARYLAND U.J. 14.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FINDREW DIMLER	MARGARET JCHETTLE
	INFORMANT Address 2122
(Yes, no, or unknown) (If yes give war or dates of service) 213-09-3670 B	GRBARA DIMLER LIF PATAPSCO AVE
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Carcinome	O C CONSET AND DEATH
1600	Jegnious vous 13 mi,
DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
I I I I	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVEN TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTION C	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	13, su cet, omed bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1966 to 206, 1966 that (1) (we) las
	t death occurred atM, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
M/ M/ Ment M.E	D. ATTENDING MED. DIRECTOR D STAFF DIVERS. D 2-4-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) W. R. WONG	6901 Sunmanway 22
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	
BUNCHEL 2-7-66 HOLY RED	EEMER BALTIMORE, MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ULLRICH FONERAL HOME, DUNDALK,	MG DETEB 10 1966 Jelianles Judge
	TO TOVO I

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01863 CERTIFICATE OF DEATH

1. PLACE DF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY						
Baltimore MARYLAND	a. STATE b. COUNTY Maryland Howard						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If out	side corporate limits, write RUR					
Catonsville	Marriottsville /2-1						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Shangra La Nursing Home	d. STREET ADDRESS		ON A FARM? YES NO A				
	Look LA	DATE					
3. NAME DF DECEASED (Type or print) WITITAM DOMINIC DONOVAN	Lest 4.	DATE Month DF DEATH Feb. 23.1	Day Year 966 19				
	DATE OF BIRTH	10 ACE (In vegre LIEUMD)	ED 1 VEAD HE LINDED 24 HDS				
Male White WIDOWED DIVORCED 1	Jar. 21,1900	last birthday) Months					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?				
Retired	Woodstoc	k • Md					
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME					
Wm. D. Donovan	M.Grace Br						
(Ver no or unknum) I (If use nive way or dates of couries)	INFDRMANT	Address					
No None Mis	ss Mary G.Don	ovan,4423 Alan I	rive, Balto.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	1	/	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leute Cardeac	Rubutt		UNSET AND DEATH				
4331	- Consideration	,					
Conditions, If any, which \ DUE TO	and last	Decembration	Part Contract Contrac				
gave rise to immediate DUE TO	arenny !	agraniany.					
cause (a), stating the	Patrici sch	roses					
	- VU DO DO DO	ap - v	a) 19. WAS AUTOPSY				
FICATI			PERFORMED? YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PORT OF	RRED. (Enter nature of Inju	ury in Pert I or Part II of Item	18.)				
	E OF INJURY (Home, farm,	20f. (City or town) (C	County) (State)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED factor while at work at work	y, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	une , 196	Q, to 23 Fel, 19	that (I) (we) last				
	death occurred at	_M, from the causes and on					
22a. SIGNATURE		22b.	OATE SIGNED				
Milliam / Rupen M.D.	ATTENDING MED DIRE	CTOR PHYS. 2	5 Februlo				
226. PHYSICIAN'S NAME (Type)	22d. ADDRESS	T/ ,	NI.				
MAINTE (Type)////////////////////////////////////	760b L	- dimondson	AUK				
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)				
Burial 2-26-1966 St. Alphonsus		Woodstock Md					
F.C. Higinbothom, Ellicott City, Md	25a. REC'D	BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE				
T. SO SIEGERIOONIGHTEEOOOO OLOJ SEE	DITEB 2	8 1956 Cleany	en Judge				
			110				

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	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ND
01868	CERTIFICATE OF DEATH	81

		0 0 0 0
a. COUNTY Baltimore MADYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL :	and give nearest town)
write RURAL and give nearest town) (atonsville	Baltimore #18	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Ridgeway Manor Nursing Home	753 Melville Ave.	YES NO
3. NAME OF FIRST Middle	Last 4. DATE Month	Day Year
(Type or print) Loyola	Doughney DEATH Jeb.	16 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
temale white WIDOWED ☑ OIVORCED ☐	3-12-1899 66 yrs. Morters	Oays Hours Min.
10%, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT
Housewife	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4-1-
Joseph (Locker	Ida E. Edwards	
	INFORMANT Address	
No 212-34-4110 A Mr.	Joseph W. Doughney, 3206 Will	oughby Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prumas	w	a day
493X OUE TO		,
Conditions, If any, which (b)		
gave rise to Immediate cause (a), stating the OUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
& Carcinoma Muent		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CONCUMPANT OF CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELA CONCUMPANT OF CONTRIBUTION OF CONTRIBU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN facto 20m.	ry, attect, omcobings, etc.)	
21 I cartify that (I) (this hospital) attended the deceased from (C)	3 7ch 1966 to 16 7th 196	that (I) (we) last
saw the deceased alive on 16 3-4 1966, and that	t death occurred at 6 10 M, from the causes and on th	e date stated above.
22a. SIGNATURE	22b. DA	TE SIGNED
Willie Hoden M.O	D. ATTENOING DIRECTOR STAFF PHYS.	Ina 66
22c. PHYSICIAN'S NAME (Type) WILLIAM	22d. ADDRESS 1334 SULPAUR SAR	ING Rd
GOODMAN	, 4()	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		nty) (State)
Burial 2/19/00. noly Redeemer		
24. FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Leonard J. Ruck Inc Baltimore. Md.	DATE FEB 18 1966 Iclian	eles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Owings Mills Owings Mills vears d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 137 Tollgate Road Tollgate Road YES NO. 3. NAME OF Middle 4. DATE DECEASED February 16 1966 Mac Lee O. Dulin DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months Male WIDOWED A DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Easton, Maryland Household goods Cabinet Maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Dulin Elizabeth Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give were rdates of service) Tollgate Road, Ralph E. Dulin No ngs MILLS, INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (e) (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mari IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert f or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from the state of the 1219/04 and that death occurred and on the date stated above. saw the deceased alive on. 22 USIGNATURE MED. STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) McWilliams M.D. Reisterstown, Maryland. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Feb. 19, 1966 Lorraine Park Cemetery Woodlawn, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Owings Mills. Md. 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATION

23a. BURIAL, CREMATION.

24. FUNERAL DIRECTOR

BENOVAL Specify)

23b. DATE THEREOF

Cook-Brooks Towsen, Towson 4, Maryland

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Timonium 1 Hr. Timonium d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Yerk Road Medicial Center 104 Aylesburg Road YES NO XX 3. NAME OF Middle 4. DATE Month Year DECEASED CARLYLE THOMAS DUNNOCK DEATH February 9. 19 66 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED May 27, 1919 46 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired). Asst. Transportation Board of COUNTRY? U.S.A. Ed. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Morris Dunnoek Ellis Montgomery IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 215-16-2004 Mrs. Hilda Lee Dunnock. Same as #2 1B. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS) PERFORMED? 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH.

NO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Nat While ot work L of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry ond in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county)

23c. NAME OF CEMETERY OR CREMATORY

Feb. 12, 1966 Parkwood Cemetery

1050 Youk Road

Balcomore (Stote)

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

Parkville, Maryland

25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

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FOR S	TATE		01871	MED	ICAL EXAMINER	R'S CE	RTIFICATE O	F DEATH		01820
HEALTH	DEPT		PLACE OF DEATH O. COUNTY	1		2.	USUAL RESIDENCE (V	Vhere deceased lived, if inst	itution: Residence	befare admissian)
loy is 1 3 to Page	55	1	Battimore Co	unly	MARYLANI		farvland	D. C	OUNTY B	limens -
Pa 3	ded		o. CITY OR TOWN (If outside corporate limit	5,	c. LENGTH OF STAY IN 16			tside corporate limits, write	RURAL and give r	earest tawn)
ond M3.	Department of		write RURAL and give nearest town)				Baltimore		8 2	_ /
2, y	aft		Baltimore 21204 I. NAME OF HOSPITAL OR INSTITUTION (IF no	at in haspital o	give street address)		STREET ADDRESS			e. IS RESIDENCE
F - E	ote De hours			ar in nospiral, (give siredi addiess;					ON A FARM?
ges fo	po 58	-	Saint Joseph's		******			Ness Road	44	YES NO
ofter death. If 8. Give Pages 1, olong with form	2 5		NAME OF Fi	rst	Middle	CAL	Last	OF	onth	Day Year
Give ong w	£ .5		Type or print) William			Durm		DEATH Febru		3 19 66
ofter 8. Givi	1	S.	of cocon on nince	7. MARRIED	NEVER MARRIED		ATE OF BIRTH	9. AGE (In years	Months D	EAR IF UNDER 24 HRS
18. e ol			Male White	WIDOWED	DIVORCED [] 4	2-17-1916	last birthday		dys Hoors Hill.
hours Item 1 Office	even.		USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR	1	1. BIRTHPLACE (State	ar fareign country)		N OF WHAT
1000		dur	ng mast of warking life, even if retired) Salesman	Acmi	ousiry e Fast Freig	ht	Baltimo	ore, Md.	U	IRY?
n 2	poges in ony	13.	FATHER'S NAME		20001110-8		MOTHER'S MAIDEN N			
within 24 n pencil in Exominer's			John L. Durm				Alice R	lver		
	正品	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	18	SOCIAL SECURITY NO.	17. INFO	RMANT	A	ddress	
d be executed d'pending' in Chief Medicol E	permit. movol,		s, na, ar unknown) (If yes give war or dates o	of service)	2-03-892	rs. I	Leo DeLuca	8303 Plea	sant Pla	ains Rd.,#L
pending pendice	used os o buriol-tronsit permit. burial, cremation, or removol,	Y	IB. CAUSE OF DEATH (Enter only one cau		10/07		1		T	INTERVAL BETWEEN
"pen "ief A	Sit		PART I. DEATH WAS CAUSED BY:	/	(0), (0), ond (1),	2~1	1 h	lucia	_	ONSET AND DEATH
d b d :: d :: Chie	buriol-tronsit mation, or re		IMMEDIATE CAUSE		01010	17	Con Contraction	102/02	-	OU allen
should e word o the Cl	I-loi noi		Canditians, if any, which gave			/				
the to t	bur		rice to immediate rouse (a)	(b)						
d the	o Crer		stating the underlying couse DUE	10						
writing rwarded	ol, ol		last.	(c)						
s certificate shoul e, writing the wor forwarded to the	used	3	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELATED	TO THE T	ERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
	be to the	CERTIFICATION								YES NO
Thi	d b	E.	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Ente	r nature of injury in I	Part I or Part II af item 1B.)		
INER: e certif should	s. nould I prior		CAUSE OF DEATH.	-						
e constant	our tiles age 3 sh agent,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d. II			INJURY (Home, farm) (Count	y) (State)
A th	ge	MED	Haur a.m. p.m.	While at war	Not While at work	factory, s	treet, office bldg., etc.)	2010年16		
AL EXAMINER: execute the cert r. Page 4 should	2 D	13	21. I certify that I took charge			hold o	n Autonou 🗍	Inspection Di	nquiry 🔲,	ond in my opinior
AL Xec	efained for y DIRECTOR: Po s designoted									ond in my opinior
	Sign Sign		deoth resulted from: Noture	or couses	Accident [],	Suicide	,		monner	
MEDIC please e director	de de		ACTUAL ACTUAL	777	2/1000	nU	CHIEF MEDICAL			22. DATE SIGNED
Y P	be refained RAL DIRECT or its design		SIGNATURE CONTRACTOR	2/0	vousel	M	U.	ICAL EXAMINER		- In part signed
O DEPUTY MEDIN necessory, please the funeral direct	ERA S		EXAMINER'S					L EXAMINER		2/2/1/
DEP ess fu	O FUNE Health	-	NAME (Type)		1.3			, city, town, or county)		13/00
the the	o FUNERAL I Health or its	230	PURIAL, CREMATION, 23b. DATE TH	KEOF	23c) NAME OF CEMPTER	R, CREM	ATORY	23d OCATION Author	lown)	Sunty) (State)
	9	K	what MI	06	Von Cel	we	1	James	one	
VR	A15ME (5)	134	FUNERAL DIRECTOR		ADDRESS	4	IN SO. KECO	1 4	REGISTRAR'S SIGI	MAIURE
6	SM 1/66	1	1 Hencer	in	6061 1	WI	· CONTEL D	1 0 1966	Elianley	Judge

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b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year Month Day 19 66 20 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? II. S. A Address 311 Cathedral INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) -. 19 66, that (I) (we) last _M, from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) (State) Baltimore, Maryland Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202

MARYLAND STATE DEPARTMENT OF HEALTH

VR A.15 (4)

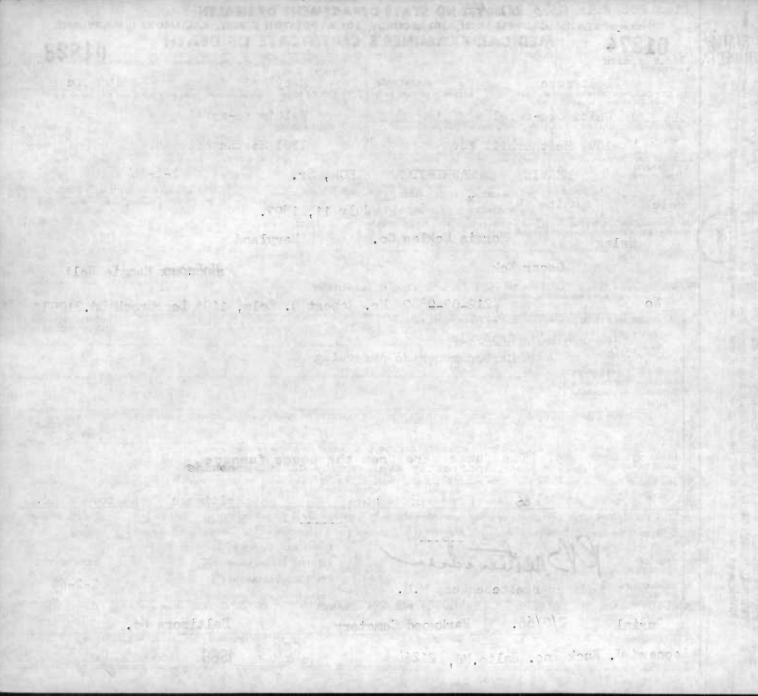
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission). a. COUNTY iould be executed within 24 hours after death. If any leaf is necessary, "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, moval, and in any event within 72 hours after death. Baltimore b. COUNTY Marvland Baltimore MARVLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give naerest town) write RURAL and give paerest town) Baltimore-rural Baltimore-rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1301 Heatherhill Rd. 1301 Heatherhill Rd. YES NO X NAME OF DATE DECEASED (Type or print) HELEN BERTHA ECK DEATH 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) female white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired Maryland TISA Housewi fe Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Liersemann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yasgivawaror dates of service) Mr. Robert B. Kelm. 1105 Longbrook Rd. 21093 CAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) carbon monoxide poisoning removal, DUF TO Conditions, if any, which (b) "pending" gave rise to immadiata cause Medical Examiner's DUE TO (a), stating the underlying should be used as causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO F 20b., DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING The fumes were from the house furnace CAUSE OF DEATH apparently overcome by carbon monoxide 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.) prior to Md. at work at work Baltimore Balto. home 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection ... Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 2-2-66 NAME (Type) Rudiger Breitenecker, M.D. Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Parkwood Cemetery Baltimore, Md. 940 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Leonard J. Ruck Inc. Balto. Md. 21214 1966 5M 7/59

Item 20b Film G373 MARY CANDESTATE DEPARTMENT OF HEALTH

CALLER OF THE CONTRACT OF THE *linespol line Evyan principles of the second MORE BUSINESS CONTRACTOR OF STATE OF CHANGE OF er will entry to be an architecture transfer of ACHT. . The Land. Wille, 14, 8100M Item 20b Film G373 MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL ASTENDING PHYSICIAN: The law requires that the death certificate be executed this in 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL

VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 01875 CERTIFICATE OF DEATH 01824

Baltimore	MARYLAND		rland b. COUNT		
b. CITY OR TOWN (it outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	It outsida corporate limits, write	RURAL and give	neerast town)
write RURAL and give nearest lown) Baltimore 34		Baltimon	re 34		03-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, giva street eddress)	d. STREET ADDRESS		- 12 > 0 10 10	a. IS RESIDENCE
1815 Deveron Road		1815 Dever	n Road		YES NO KK
3. NAME OF DECEASED (Type or print) FANNIE AC	Middle GNES EDWA	Lost ARDS	4. DATE Month OF DEATH Februar		Year 19 66
5. SEX Female 6. COLOR OR RACE 7. MARRI WIDOW		December 6,	9. AGE (In yeers lest birthday) 77 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
done during most of washing life area if retired)	kind of Business or Industr Oept. Stores	Virginia	ty & Stata, or foraign country)		J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Thomas Javin Rock		Arinthia	Webb		
	3. SOCIAL SECURITY NO. 17. 1 218-05-9340A Mr		Address Edwards, 1201 N		, Balto. 2
18. CAUSE OF DEATH Enter only one cause per	~			40	TERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Alcuse M	14000 x dist	Infarctio	27	Sep 8/66
420/ DUE TO	17 cure	1 a Carrier	0		40
Conditions, if eny, which (b)	Pleu	riges .		F	-es. is 166
gave rise to immadiate cause	1,				DIRECTOR
(a), stating the underlying	1+c1	1)			
	INTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	70.750.000	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	ESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in	Part I or Part II of item 18.)		31 6
20c. TIME OF INJURY Month, Dey, Year 20d Wh	ile Not While faci	CE OF INJURY (Home, farm lory, straet, office bldg., atc		(County)	(Stata)
21. I certify that (I) (this hospital) atte	nded the deceased from.				
22a. SIGNATURE In has!	N N	.D. PHYS.	MED. STAFF DIRECTOR PHYS.		22b. DATE SIGNED
22c. PHYSICIANS G.M. Nasi	m, M.D.	22d. ADDRESS 246 But	rke Avenue	Towson	, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	wn or county)	(Stata)
REMOVAL (Specify) Rurial Feb. 18. 196	6 Loudon Park	Cemetery	Baltimore, M.	aruland	
24 FUNERAL DIRECTOR'S SIGNATURE 10	50 YourreRoad	2Sa_ RE	C'D BY REGISTRAR 256. REC	GISTRAR'S SIGNA	TURE
Wm. Cook-Brooks Towson, To	wson 4, Marylan	DATE	B 17 1966 %	Marles &	udge
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Brigashija Dent. Stores Virginia Arinchia West There of Joy an Bost 228-05-9300A Mr. Dankin n. Tourerlay 1204 McGurdier, Dance. . IV. Castellar - Dealla valigation and Estate and Estate and Estate and Estate and Estate and Estate and Esta The content of the co

CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY b. COUNTY 947 MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town in by write RURAL and give nearest town) Westello 72 hours after filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) IS RESIDENCE ON A FARM? 705 MILFORD MILL ROAD YES NO completely 3. NAME OF DATE Dey FREDERICK H. METNWAECHTER. DECEASED dechten (Type or print) 196 IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) attending physician and WIDOWED Z DIVORCED certificate 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or loraign country) done during most of working lila, aven if retirad) Cours Oller 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ELIZABETH WEYRICH GEORGE ALEXANDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we rordates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Entar only one causa per line for (a), (b), and (c).) ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata causa DUE TO (a), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of itam 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar lactory, straat, offica bldg., etc.) Whila Not Whila Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1950, 19 to Feb. 19 1966, that (I) (we) last19.66, and that death occurred at // P.M. from the causes and on the date stated above. saw the deceased alive on _______ 22b. DATE 22a. SIGNATURE MED PHYS. DIRECTOR eath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S director, I 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) LOUDON PARK CEMETERY MARYLAND BURTAL 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE 21229 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CALL CREAT WASHINGTON BY BEING THE WHEN HE WAS IN AND RESIDENCE OF THE PROPERTY The second second will be seen as a second manufacture of the second second second second second second second

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OLS TO THE CONTROL OF DEATH

OLS TO THE CONTROL OF THE CONT 01826

1. PLACE OF DEAT	H Baltimore				2. USUAL a. STA		E (When	e deceased I	ived, If Ins		lesidence		
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write RURAL	N (if outside corporate and give nearest town	e limits,	2mthldys	IN 1b	c. CITY OR			Maryl		ite RURAL	and giv	e nearest 1	town)
	SPITAL OR INSTITUTION			dress)	d. STREET		,	12012			le	IS RESID	ENCE
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3. NAME OF DECEASED	Fir	st	MIddle	17	Last		4. DA	TE	Month		Day	Year	
(Type or print)	Rose		К.		Eldeen		DI	ATH	Febr	uary	10	19 6	56
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF	BIRTH		9. A .:	(In years oirthday)	IF UNDER	1 YEAR	F UNDER 2	
female	white	WIDOWED	DIVORCED		Sept.	25, 1	885	80	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work d ing life, even if retired	one 10b. K	IND OF BUSINESS OR				ounty & S	tate, or lore	ion country	12. C	ITIZEN O	F WHAT	
housev		' "	NDO31K1		Hu	ngary					ingar		
13. FATHER'S NAM	IE				14. MOTH		EN NAM	E					
Joseph	Kalmar				Mar	v	Unk.						
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT			T 100	Addres	S			
unknown	(if yes give war or dates or		ınknown	Re	cords:	SPR	TNG	GROV	E ST	ATE	HOSI	TAL	
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No 20c. TIME OF	INJURY Month, Day, Y	ear 20d. 1	NJURY OCCURRED 20	e. PLA	E OF INJURY	(Home, fa	rm, 20	f. (City o	r town)	(Cot	inty)	(Sta	te)
20c. TIME OF Hour a.r		While at work	Not While	Tacto	ry, street, offi	cebiag., e	(6.)						
	y that (this hosp			nm	Dec. 6	. 10	,65	to F	eb. 1	0 19	56 th	at AF (we)	last
	ceased alive on				death occu		13	, from the					
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100	d) som	000	with	M.D	ATTENDIN PHYS.	IG X	MED. DIRECTO	R T PH	AFF YS.	2-	-10-	56	
22c. PHYSICIA NAME (T	IN'S	/	r D		22d. AD		PRIN			STATE	C HO	SPITA	AL
MAME (I)	ype) Imre Koj	olts, l	ч. р.			В	alti	more,	Mary	land	212	28	
23a. BURIAL, CREM	ATION, 23b. DATE T		23c. NAME OF CEN			DRY		LOCATIO				(State	e)
REMOVAL (Spo	Feb. 14	- 1966	Cedar Hil	.1 C	emetery	7	St	uitla	i, Mar	ylan	d		
OA CUNCDAL DIDE	CTOR BARA	,	ADDRESS	SE '	Wash.D	25a. REC	D BY R	EGISTRAR	25b. RE	GISTRAR	'S SIGNA	TURE	
Simmons B	ros. Funera	1 Home	1661- Gd.	Hop	e RD	DATEB	15	1966	gol	iarle	y Que	dar	

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Baltimore

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

U.S.A.

e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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(County)

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(Stote)

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haurs after death. If any delay is	Item 18. Give Pages 1, 2, and 3 to Office alang with farm PM3. Page	land 2 with the State Department of event within 72 haurs after degth.
haurs	Item 1 Office	l and 2 event

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This certificate shauld

shauld

please execute

within = event any pages _ File and permit. remaval 10 crematian, burial, p pe pridr 3 should agent, FUNERAL DIRECTOR: Page

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) n. COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 28 yrs. Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 2901 Gray Manor Terrace Res. 2901 Gray Manor Terrace 3. NAME OF Middle First 4. DATE DECEASED OF DEATH MYRTIE Entwistle M .. (Type or print) Feb. 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 60 birthdoy) Sept. 2-1905 Female White WIDOWED T DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired Housewife INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew P. Herget Mary Schmeiser 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2614 Lynbrook Rd (Yes, no, or unknown) (If yes give wor or dotes of service) Son. John Entwistle. Dundalk. Md. 2122 None 18. CAUSE OF DEATH (Enter only one couse per line) for (o). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20o. EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While of work 5 may be retained far yar TO FUNERAL DIRECTOR: Pag Health ar its designated a of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection XX Inquiry * death resulted fram: Natycen causes & Accident . Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Feb. 7-1966 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Theodore C. Patterson M.D. 405 Main Word Dundalk. Md. NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BULLER Feb. 9-1966 Parkwood

the funeral director. 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS JOHN J. DUDA. Dundalk. Md. 21222 6M 1/66 DATE

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MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18
CERTIFICA	CATE OF DEATH Reg. Dist. No. 1828
IMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY BALTIMORE
utside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(If not in hospital, give street oddress) IOOK NURSING HOME 21228	d. STREET ADDRESS **XMMXXMX** 1034 ELMRIDGE AVENUE e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
First Middle CARRIE HARGIS	Lost 4. DATE Manth Doy Year EVANS OF DEATH X 2 2 19 66
S. COLOR OR RACE 7. MARRIED NEVER MARRIED NOTICE NO	8. DATE OF BIRTH March 13, 1872 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
(Give kind of work done 10b. KIND OF BUSINESS OR INDL g life, even if retired)	DUSTRY U BIRTHPLACE (State or foreign capunity) Somerset County, Maryland 114. MOTHER'S MAIDEN NAME
. Hargis	Sarah Elizabeth Coston
yes, give wor or dates of service	illiam H. Evans. Hyattsville. Maryland
[Enter only one cause per line for (a), (b), and (c).] WAS CAUSED BY: MMEDIATE CAUSE (a) CAPAC MARGINATE CAUSE	- Orllesson Interval Between ONSET AND DEATH
which) (b) arturosel	Cerosia generalized
punder DUE TO (c)	LIT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IVAL 10, WAS ALITORSY

William 15. WAS DECEASED EVER No CAUSE OF DEATH PART I. DEATH Canditions, if any gave rise to imp cause (a), stating th lying cause last. PART II. OTHER PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

ACTUAL SIGNATURE

20d. INJURY OCCURRED

at wark at wark

Not while

While

Bradley Daugharthy, M.D. 22c. NAME OF CEMETERY DECIENATORS

20e. PLACE OF INJURY (Home, farm,

factory, street, affice bldg., etc.)

22d. LOCATION (City, town, ar county)

ADDRESS (Street, city or town, state)

20f. (City or town)

Presbyterian ADDRESS

and that death accurred at_

Pocomoke DATE EB 7 19 246. REGISTRAR'S SIGNATURE

(Caunty)

M, from the causes and an the date stated above.

1960, that I last saw the deceased

(State)

DATE SIGNED

(State)

WATSON FUNERAL HOME

PLACE OF DEATH a. COUNTY

NAME OF

5. SEX

DECEASED

(Type ar print)

13. FATHER'S NAME

FEMALE 10a. USUAL OCCUPATION

during most of workin Housewife

20c. TIME OF INJURY

alive an

NAME (Type)

22a. BURIAL, CREMATION,

Haur a. m.

p. m.

Month.

Day, Year

21. I certify that I attended the deceased fram.

22b. DATE THEREOF

5-1966

b. CITY OR TOWN (If o RURAL and give near d. NAME OF HOSPITAL

BALT

Pocomoke City, Md.

VS A15 (4) 15M 10/57

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Action 2				t disper	3621-2-1 2000	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending absolute and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O1880 CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL and give nearest town) Daliner Life	Baltinores 30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Dallimore (out benera)	2414 Wilkens Hue YES NOR
3. NAME OF First Middle	Last 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTHI 26/29, AGE (In years I I FUNDER 1 YEAR I I FUNDER 24 HRS.
WIDOWED DIVORCED	DATE OF BIRTH 1/26/25 9. AGE (In years lifunder 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 1NDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife -	Dallinore U.S.It
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Address Att
(Yes, no, or unkown) (If yes give war or dates of service)	2011 Lola Barra) 6234 Brown to
18. GAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Ongestive A	eart failuse Onset AND DEATH
592X DUE TO .	
Conditions, If any, which (b) Circuma	
cause (e), stating the DUE TO	no shritis
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bldg., etc.)
p.m. 19 at work at work	19
	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
22c." PHYSICIAN'S	
NAME (Type)	BALTIMORE COUNTY GENERAL HOSP.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 2/5/66 MEADOWRIDGE M	MARYLAND BALTIMORE, MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 2	21229 DATE EB 7 1966 July

Callinore Hol E Baltinore life Baltinore DOLTINOSE GETY BENEFOL 2414 2Dilkens Aue Lillian Lavern Fellon Fonale W 1/24/24 House wife -Bellinore 237 Catherine Hoffman Harry LancasTer Mas Lola Keep 1524 Course the comment of the contract of MARYLAND STATE DEPARTMENT OF HEALTH

חואואות	N UF STATISTI	CAL KESE	ARCH AND RECURD			I, BALIIMU	KE I, MA	KIL	MIN	
0188	1	Item #3	CERTIFICAT	E OF DEATI	H				85	10
1. PLACE OF DEAT	Н			1 2. USUAL RESIDEN	ICE (Where dec	eased lived, If ins	titution: Res	idence b	efore ac	dmission
a. COUNTY	Baltimon	**	ALABAM AAID	a. STATE		b. COUN	YTY .			/
b. CITY OR TOW			MARYLAND c. LENGTH OF STAY IN 1b	Maryland	f outside corr	porate limits, wr	ite RURAL a	nd give	neare	st town
write RURAL	N (if outside corpora and give nearest to					,		20	4	1
d NAME OF HO	Baltimos		 	Baltimore d. STREET ADDRESS				10.	IS RES	IDENC
G. NAME OF HO									ONAF	FARM?
	St. Jose			5835 Bela				YE		NOL
3. NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Monti	h	Day	Yea	ar
(Type or print)	J _C	ohn	/Harry Her		DEATH	£		10		66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)			F UNDER Hours	
Male	White	WIDOWED	DIVORCED	April 12, 1	905	60 yrs.	Montais	ays	Hours	141411
	FION (Give kind of work ing life, even if retire		IND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or foreign country) 12. CIT	IZEN OF	F WHAT	1
Commerci	al Service	manBalt.	o.Gas & Elect:	ric Marylan	nd			NTRY?	A.	
13. FATHER'S NAM		Co.		14. MOTHER'S MAI		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	John He	nry Fen	nor		Lardi a	Pearce				
	EVER IN U.S. ARMED F	ORCES? 16.		INFORMANT	душа	Addre	SS			
(Yes, no, or unkown)	(If yes give war or dates	of service)	12-05-2719 M	rs Estelle f	Ponnon	5835 Be	lair R	000	44	
	DESTIL FESSOR OF IVE		ine for (a), (b), and (c).]	2 harette t	emer.	2022 -6	rair, v		VAL BE	TWEEN
				ial magaati	on of a	hdominal	Madeale		TAND	
11.5	IMMEDIATE CAUSE	(a) aneur	tus post part	on bypass a	nd sple	enectomy	. and			
15	7000	FT0			_					
Conditions, If		(b) Hemo	peritoneum an	d Hemothora	x, left					
cause (a), s	Pille	TO U	ostatia sonsa	-+						
underlying cau		(c)	ostatic conge							
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITI	ONS CONTRIBU	TING TO DEATH BUT NOT REI	ATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)	19. V	WAS AU	JTOPSY RMED?
CA								YES		NO [
20a. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEA	20b. I	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Pa	art I or Part II o	of Item 18.)			
(IF EITHER, NO	TIFY MEDICAL EXAM	NER)								
정 20c. TIME OF	INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 20e, PL	ACE OF INJURY (Home,	farm, 20f.	(City or town)	(Coun	ty)	(State)
20c. TIME OF Hour a. p.		While at work	L- Not wille L-	ory, street, office bldg.,	etc.)					
				1/20/	1066 10	2/10/	, 19 66	tha	+ (1) 6	un) las
	ceased alive on 2		ed the deceased from_	at death occurred at	2 • 25M fr	om the equipme	and on the	, tila	ctator	d ahou
22a. SIGNATU		1701	19_00_, and th	at death occurred at	P. 1111, 111	Jili the Causes	22b. DA			1 above
ZZa. Sidikio	ARCh	Della.		ATTENDING	MED.	STAFF PHYS.	2/10			
22c. PHYSICI	AN'S		M	D. PHYS 22d. ADDRESS	DIRECTOR L	PHYS.	1 2/10	7,00		
NAME (T	ype) D.R. Go	ovinda H	lao		k Rd.	Baltimor	e. Md.	2]	204	
Open BURLAL ORFI	MATION. 23b. DATE	TUEDEOE	23c. NAME OF CEMETER			CATION (City, to				tate)
23a. BURIAL, CREI	acify)							200		
24. FUNERAL DIR	2-11-	TA00	Gardens of	/ 1 1 05 01		STRAR 25b. R		Md	_	
24. FUNERAL DIK	EUTUK		ADDRESS	(36) 25a. KI	LU D DI REGIO	DIMAN LOD. N	Laioinan o	OT GITTA	. 5116	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 And 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. eate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certained Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
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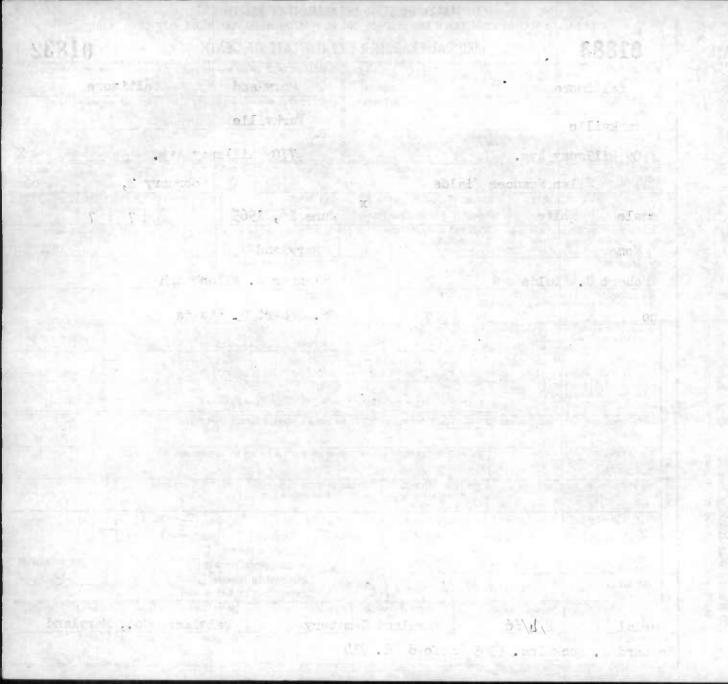
	0100			CERTIFICAL	E UF DEATH				111	00	/
1.	PLACE OF DEAT				2. USUAL RESIDENC a. STATE		b. COU		esidence	before ad	mission)
-	Baltim		Ilmite	MARYLAND 1 c. LENGTH OF STAY IN 1b	Maryla		novete Healte w	IA OIIO At	and alv	a naaras	t town)
	Write RURAL	N (if outside corporeta and give nearast town)	C. LENGTH OF STAT IN 10			porate imate, wi		-	o meares	t town,
		erville			Baltin	nore			30 -	- 4	
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not In	hospital, give street address)	d. STREET ADDRESS				0.	ON A F	
		lege Manor			7 East	Gitti	ngs	1	2 4	ES 🗌	ND 🗌
3.	NAME OF OECEASED	Fire	st	Middle	Last	4. DATE OF	Mont		Day	Yea	66
-	(Type or print)	Clara		Lorena	Ferguson	DEATN	TO DI UC	ry	- VEADI	19	
			7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months I	Devs	Hours	Min.
	Female	White	WIDOWE	D DIVORCED	July 10, 187	78	87 yrs.	morrare	50,5	110013	******
10: du	n. USUAL OCCUPATING most of work Homemake	ION (Give kind of work d ing life, even if retired	one 10b.	KIND OF BUSINESS OR INDUSTRY	Baltimor	unty & State,			TIZEN (OF WHAT	
12						The state of the s	ryland				
13	. FATHER'S NAM				14. MOTHER'S MAID						
	John Bo	yd			Sara	ah E.	Johnson				
15 (Y	es, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	CES? 16	5. SOCIAL SECURITY NO. 17.	INFORMANT		Addra	SO W.	Uni	vers	ity
					John H. Fe	ergusor	n, III	Baltim	ore,	Lid.	
			cause par	line for (a), (b), and (c).]	4	^				RVAL BET	
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (2)	Cercloal.	homor	CIACE				الك مداد ا	
	331X					0					
	Conditions, If	DUE T	/	Intoria- 1	0				12	2 1	
	gave rise to	Immediate /	b)(Merio- si	xeroans_				-	70	
	cause (a), s		D							7	
_	underlying caus	se last.	c)								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIL	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	IPART 1(a)	19. YES	WAS AU PERFORI	
TE	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Pe	ert I or Part II	of Item 18.	.)		
8	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEAT TIFY MEDICAL EXAMIN	FR)								
				INUIN COMPAND I CO. TI	OF OF IN HIDY die	004	(Older on April -)	10.00	/w.e.v.\	100	tate)
MEDICAL	20c. TIME OF	INJURY Month, Day, Y		fort	ACE OF INJURY (Home, factory, street, office bldg., et	tm, 20t. ((City or town)	(Con	nity)	(5	(ate)
MED	p.i		Whii at wo	6 - NOT WHITE -							
-			tal) atten	ded the deceased from	Seat 19	54, to	Jeko 1	, 19.4	6, th	at (I) (w	e) last
		ceased alive on	Jan		t death occurred at 9	A.M. fro	om the causes	and on t	he date	stated	above.
	22a. SIGNATU	RE						22b. D			
		11.1	01	/.	ATTENDING TO	MED.	STAFF PHYS.	7.1		161	,
	22c. PHYSICIA	IN'S Man	994	Gowan M.	D. PHYS. LET I	TIRECTOR L	_ PAIS	ree	-1,	116	6
	NAME (T	ype)			LEGI KODKEGO						
23	a. BURIAL, CREM	MATION, 23b. DATE T	TEBEUE	23c. NAME OF CEMETER	Y OR CREMATORY	1 234 10	CATION (City, 1	wn or col	untv)	(St	ate)
23	REMOVAL (Sp	ecify)				1 1 2 2 2				,00	/
1_	Burial	1 2/8/196	26	Mount Olive			timore,			THE	
24	. FUNERAL DIRE	CIUR		ADDRESS to	mel. 25a. REC	D BY REGIS	STRAR 25b.				
121	Um. L.	achnes of	So	o horthe	LPa. DATE	B 8	1966	Elian	CRO)	mag	
							- 1/				

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		01883	MED	ICAL EXAMIN	NER'S	CERTIFICATE OF	DEATH		01832
EALTH DEPT	1.	PLACE OF DEATH O. COUNTY Baltimore		MAR	YLAND	2. USUAL RESIDENCE (W	nere deceosed lived, if institu	ntion: Residence be	efore odmission)
de de		b. CITY OR TOWN (If outside corporate lin write RURAL and give nearest town) Parkville	mits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outs	ide corparate limits, write RU	JRAL and give ned	arest town)
in. It any a ges 1, 2, ar farm PM3 a farm PM3 haurs after		d. NAME OF HOSPITAL OR INSTITUTION (IF		give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
2 ST = 2 ST		7709 Hillsway Ave NAME OF DECEASED Type or print) Ellen Fra	First	Middle		Lost Lost	1. DATE Mon OF Februar		VES NO X
arrer as along w with the	S.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	AR I IF UNDER 24 HRS.
dind 2 vent	100	emale White USUAL OCCUPATION (Give kind of work do ng most of working life, even if retired)		IND OF BUSINESS OR IDUSTRY		June 26, 19		7 7 12. CITIZEN COUNTR	OF WHAT
1 S 2 2 2		None FATHER'S NAME	IIV	IDUSTKI		Maryland 14. MOTHER'S MAIDEN NA	Baltimore lily	COUNTR	USA
Exar Exar File and		Robert C. Fields WAS DECEASED EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. 11	Eleanor F.	Allenbaugh	ress	
pe executed "pending" ii nief Medical ansit permit. ar remaval,	(Ye	s, no, or unknown) ((If yes give wor or dote NO 1B. CAUSE OF DEATH (Enter only one		None		Mr. Robert	C. Fields		INTERVAL BETWEEN
"pe " "pe ansit ar re		PART I. DEATH WAS CAUSED BY:	ISE (o) Opa	2 t 10 m	testin	al Hem arr	wegt		ONSET AND DEATH
are snould the ward to the Cl a burial-tr cremation,		Conditions, if ony, which gove	UE TO KI	to hepo	tri	of extrate just	Bil way obs	hueta 6	-7mws.
s certificate e, writing the farwarded the used os a used os a		last.	(c) Cor	gentul	ahe	sia of the tr	Ceducts.	/	Buth.
ate, writing ate, writing afe, writing afe farwarde be used os ta burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING	TO OPATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COND	OTTION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
ertifice uld buld b. s. auld I	L CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in Po	ort I or Port II of item 18.)		
Admine te the ca ge 4 sha yaur file age 3 sh agent,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	9 20d. If While of work	NJURY OCCURRED Not While of work		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
3 3 8 4 6		21. I certify that I taak cha death resulted fram: Nati	rge at the ren	nains described al		d an Autapsy, de, Hamicide			and in my opinian
D + T - C		ACTUAL SIGNATURE	Im C.	He		CHIEF MEDICAL E	XAMINER AL EXAMINER		22. DATE SIGNED
necessory, plane funeral of 5 may be re 70 FUNERAL I Health or its		EXAMINER'S NAME (Type)	JUHN	c. 1441	e	DEPUTY MEDICAL	EXAMINER City, town, or county)	2	3 -66
To Fig.	23c	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		23c. NAME OF CEMI			23d. LOCATION (City or To Baltimore		
VR A15ME (5)	24	FUNERAL DIRECTOR		ADDRESS		2So. REC'D	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNA	ATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY. Bal Pages 1 irs after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b the attending physician and completely filled in by t permit. Then please remove carbon papers. Pag ation, or removal, and in any event, within 72 hours. Mount Wilson d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Wilson State Hospital executed within DATE NAME OF First Middle Last 4. DECEASED DEATH (Type or print) 5. SEX 6. CDLDR DR 7. MARRIED WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. Ro66 yler Inc. FATHER'S NAME MOTHER'S MAIDEN NAME ransit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) No been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate as the l DUE TO (a), stating the underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION emplysewa 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work et work 19 0 21. I certify that (I) (this hospital) attended the deceased from 19 saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. STAFF PHYS. wermer DIRECTOR M.D. PHYS. 22d. ADDRESS Wm. Newcomer, M.D., Superintendent Mount son, BURIAL, CREMATION, REMOVAL (Specify) DF CEMETERY DR CREMATORY Magothy emeteru Buria

b. CDUNTY c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? ND K YES Year Month 19 AGE (In years | IFUNDER 1 YEAR | Last birthday) | Months | Dave FUNDER 24 HRS Deys 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Hosp.records, Mt.Wilson St. INTERVAL BETWEEN ONSET AND DEATH UPAI WAS AUTOPSY PERFORMED? PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO V DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20f. (City or town) (County) (State) 66, and that death occurred at 1240, from the causes and on the date stated above. DATE SIGNED 22b. Maryland 23d. LOCATION (City, town or county) (State) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Moran, Inc. 3000 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

The same of	_		
		PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
		Baltimore Maryland	a. STATE Md. b. COUNTY Baltimore
	1	b. CITY OR TOWN (if oulside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
		write RURAL end give neerest town) Baltimore-rural	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Baltimore-rural 03/
-0			ON A FARM?
10	2	St. Joseph's	8137 Loch Raven Blvd.
	6	DECEASED	Last 4. DATE Month Dey Year OF
		(Type or print) MARY FISHER	DEATH 2-8-66 19
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
		female white WIDOWED DIVORCED	Aug. 5, 1907 S8 yrs. Months Deys Hours Min.
1		. USUAL OCCUPATION (Giva kind of work ne during most of working lifa, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Saleslady G.C. Murphy Co.	Baltimore, Md.
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		George Ex Ziomek	Lena Bielski
			NFORMANT Address
	(10	s, no, or unkown) (Ifyesgivewerordalesofservice)	drew Fisher, husband, above
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Interval Between
		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Arteriosclerotic ca	rdiovascular disease
		4 d d DUE TO	
		Conditions, if eny, which gave rise to immediate cause (b)	
		(a), stating the undarlying DUE TO	
		cause last. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
2	3		YES X NO
	E	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	nter nature of injury In Pert I or Part II of item 18.)
		CAUSE OF DEATH.	
	MEDICAL		CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
	MED	Hour a.m. While Not While tech	ory, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above, he	Id an Autopsy X, Inspection , Inquiry , and in my opinion
		death resulted from: Ratural causes V. Accident . Suici	
		Accident Julia Julia Causas X	
		ACTUAL (A) MILIAM VA	CHIEF MEDICAL EXAMINER
		SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER X
2		Rudiger Breitenecker, M.D.	DEPUTY MEDICAL EXAMINER 2-9-66
20	00		Addrass (Street, city, town, or county)
	22a	PENOVAL (Specific)	
		Burial 2/12/66 Oak Lawn Cem	
	53	chiminer Funeral Home, 1985. 3331 Brehms Lane	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		3331 Brehms Lane	OFTEB 10 1968 Clarles Judge
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S. TOCL .C . SUA "TOWN E TO THE METERS OF THE STATE OF saidsiedy of C.C.Surphy Co. Mailthore, Mo. Septim RK Exc as Communication of the Communication worden Dredend , the 19 worden E. H. H. and Shorters that a section of Birial "2/12/an | onk Lawn Constant " halliore, Md. Contract Carene Land Care Line.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death,

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

BALTIMORE b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) HERBERT BUTLER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOVEMBER 27, 1918 47 yrs. DALL WHITE WIDDWED DIVORCED NOVEMBER 27, 1918 47 yrs. DALL OCCUPATION (Give kind of work done during most of working life, even if retired) DALL STATE MARYIAND C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) BALTIMORE A. STREE ADDRESS C. STREET A
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) FORT HOWARD IO DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE DEATH FEBRUARY 19 19 66 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVEMBER 27, 1918 47 brindle during most of working life, even if retired) UPHOISTERER WIDDWED DOWN HOSPITAL OR INSTITUTION (if not in hospital, give street address) Last 4. DATE Month Day Year DEATH FEBRUARY 19 19 66 B. DATE OF BIRTH 9. AGE (in years if FUNDER 1 YEAR IF FUNDER 24 H MONTH) DAY HOURS MINDUSTRY WIDDWED NOVEMBER 27, 1918 47 yrs. IDA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOISTERER FURNITURE MFG. CO. GREAT FALLS, SO. CAROLINE U.S.A. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
STREET ADDRESS Control of the spiral of institution (if not in hospital, give street address)
VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVEMBER 27, 1918 MALE WHITE WIDDWED DIVORCED NOVEMBER 27, 1918 100. KIND OF BUSINESS OR UNDUSTRY UPHOLSTERER 100. KIND OF BUSINESS OR INDUSTRY UPHOLSTERER FOOTE, JR. DEATH FEBRUARY 19 19 66 8. DATE OF BIRTH 9. AGE (In years If under 1 year If under 1 ye
3. NAME OF DECEASED (Type or print) HERBERT BUTLER FOOTE, JR DEATH FEBRUARY MALE WHITE WIDDWED DEVER MARRIED NEVER MARRIED NOVEMBER 27, 1918 DIVORCED NOVEMBER 27, 1918 MALE WHOW WIDDWED DIVORCED NOVEMBER 27, 1918 DIVOR
DECEASED (Type or print) HERBERT BUTLER FOOTE, JR, DEATH FEBRUARY 19 19 66 SEX 6. COLOR OR RACE MALE WHITE WIDDWED DIVORCED NOVEMBER 27, 1918 10b. KIND OF BUSINESS OR UNDUSTRY UPHOISTERER FURNITURE MFG. CO. GREAT FALLS, SO. CAROLINE 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? UPHOISTERER FURNITURE MFG. CO. GREAT FALLS, SO. CAROLINE 14. MOTHER'S MAIDEN NAME HERBERT BUTLER FOOTE, SR. 15. WAS DECEASED EVER IN U.S. ARMED FRICES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
Sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lifunder 1 year is thinder) Hours Months Days Hour
MALE WHITE WIDDWED DIVORCED NOVEMBER 27, 1918 Institution Work of business or industry What is dirthday in the country of the
10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? 13. FATHER'S NAME HERBERT BUTLER FOOTE, SR. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 18. BIRTHPLACE (County & State, or foreign country) 19. CITIZEN DF WHAT COUNTRY? 10. CAROLINE 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAY BELLE SCALES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
UPHOISTERER FURNITURE MFG. CO. GREAT FALLS, SO. CAROLINE U.S.A. 13. FATHER'S NAME HERBERT BUTLER FOOTE, SR. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
13. FATHER'S NAME HERBERT BUTLER FOOTE, SR. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
(Yes, no, or unkown) (If yes give war or dates of service)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE LIVER ONSET AND DEATH IMMEDIATE CAUSE (a)
1561 DUE TO
Conditions, if any, which) (b)
gave rise to immediate cause (a), stating the DUE TO
underlying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PERFORMED? YES A ND [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED YES NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part or Part of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
Hour a.m. While Not While factory, street, office bidg., etc.)
21. I certify that () (this hospital) attended the deceased from Feb. 9 19 66, to Feb. 19, 19 66, that (i) (we) less saw the deceased alive on Feb. 19 and that death occurred at a M. from the causes and on the date stated about
saw the deceased alive on Feb. 19 19 and that death occurred at a.M. from the causes and on the date stated about 22a. SIGNATURE
ATTENDING MED STATE
PHYSICIAN'S 219 66
NAME (Type) LOUIS E. KIMMEL, M.D. VAH, Fort Howard, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1.23d. LOCATION (City, town or county) (Charles)
BURIAL (Specify) 2/23/66 SUNSET HILLS CEMETERY GRANITE FALLS, N. C.
24. FUNERAL DIRECTOR 8521 LOCH RAVEN ADDRESS BLVD 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JOHNSON, EUNERAL HOME, BALTIMORE, MARYLAND DATE B 23 1968 Icharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	LACE OF DEATH COUNTY	Baltimore		MARYLAND	- CTATE	Where deceased lived, if inst ryland b. (itutian: Reside OUNTY	ence befar	e admissio	on)
b.	CITY OR TOWN	(If autside carparate limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corparate limits, write	RURAL and g	ive neares	t tawn)	
For	rt Howr	Maryland		21 Days	Baltimore			30 -	-4	
		TAL OR INSTITUTION (If n			d. STREET ADDRESS				e. IS RESID ON A F	DENCE ARM?
Ve	eterans	Administrat	tion Ho	spital	5207 York	Road				NO 🔣
	AME OF ECEASED		irst	Middle	Last	4. DATE N	lanth	Day		
	ype or print)	E	lmer	Ellsworth	Ford. Jr.	DEATH	2	28	196	
S. SE	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		R 1 YEAR	Haurs	Min.
1	Male	White	WIDOWED	DIVORCED	5/23/96	69 yrs		Duys	110013	IVIII.
10a. l	USUAL OCCUPATION	N (Give kind of work dane	10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareign country)	12.	CITIZEN OF	WHAT	
durin	clerk	g life, even if retired)	B&0	Railroad	Baltimore,	Maryland	U	OUNTRY?		
	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	700			
E	Lmer/For	rd. Sr.			Estelle K	elley (Stel	lla Ke	elly)	
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17	INFORMANT		ddress	1111		
(Tes,	, na, ar unknawn) Yes	(If yes give war ar dates	70	5-05-23-87 0	LIN. RECORDS	. V.A. HOSPI	TAL. F	T. H	OWARI). M
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	Canditians, if an rise to immedic stating the und last. PART II. OTHER	y, which gave the cause (a), erlying cause	E TO (b)E TO (c)	TO DEATH BUT NOT RELATED T				19.	WAS AUTO PERFORM	OPSY ED?
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and-completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regions carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any year, within 72 hours after deapt.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 moy be retained by the hospital or attending physician.

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VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1 1 COO	11004
A. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY R	e. STATE / b. COUNTY
DAIIMORE MARYLAND	MANLIANA
b. CITY OR TOWN (If outside corporate limits, c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town)
write RUPAL and give nearest town)	RITTON
1 ANODIS OWN	DAITIMORE 30-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
BAITO, CO. GEN. HOSP.	
13 17 11 12 1 12 1 12 1 1	TO TOTAL PLANTS INC.
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) George H	Faculer DEATH 2 - 9 - 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. ACE (In years JE INDER 1 YEAR IE IINDER 24 HRS
7. MARKIED NEVER MARKIED	last birthday) Months Days Hours Min.
WIDOWED DIVORCED	8-11-05 60 yrs.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
	MARLIAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George In towler	<. +/
	3 milh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address
(1 yes give no of adject service)	Wash Repond
	HOSPI IICCORE
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Inforction & D. Where Alex
IMMEDIATE CAUSE (a)	July une great
TO DUE TO	D AH //
Conditions, If any, which (b) Caronary ac	author 2 alleroselleri
gave rise to Immediate	
Cause (a), stating the	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
L L L L L L L L L L L L L L L L L L L	PERFORMED? YES 7 NO 1
TO ACCIDENT WAS INDEDITING TO A COLUMN TO	
ZOO. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING ☐ CAUSE DF DEATH	JRRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
E Haus a mi	ory, street, office bidg., etc.)
p.m. 19 While Not While	
	7th. 2 10 (0 (1 7th. a solde 11 11)
21. I certify that (I) (this hospital) attended the deceased from	720. 19 4 to feb. 9, 1960, that (1) (we) last
saw the deceased alive on felt. X 1966, and that	t death occurred aB . A.M. from the causes and on the date stated above.
22a. SIGNATURE	Anusl 22b. DATE SIGNED
Dr. Brennenia a. Caluras M.	ATTENDING MED. STAFF 2-9-66
22c. PHYSICIAN'S	
NAME (Type)	A
DEBIENVENIDO A CABUAG	Bulto County Gen. Hosp.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Kaul William 1207 from 1 To	LAVE TEB 1 4 1988 Charles lukes
In newwings 17 cheson	DATE

18310 THE WAY SHE BARTHARDS RESERVED and I lad Date That Court and the state of the land Levo for one ceitificate - Film \$373- 2/16/65. mat. that walk relige the founds 24/1/2 2/1/66 LORANDE PARK Sint Chermanie fundations MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, CERTIFICATE OF DEATH 04000

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1. PLACE DF DEAT a. COUNTY			MARYLAND	a STATE	NCE (Where deci	b. COUN	ITY	dence before add	mission
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Ca			yr7mth29dys	Catonsvi	lle		0	13-1	
d. NAME OF HE	SPITAL OR INSTITUTI		oltal, give street address	d. STREET ADDRES	S			e. IS RESI	
SPRING			SPITAL		ederick			YES 🗌	ND
3. NAME OF DECEASED		irst	Middle	Last	4. DATE	Monti		Day Year	r
(Type or print)		Lorence	М.	Fox	DEATH		uary 2		
5. SEX	6. CDLDR DR RACE	7. MAKKIED		8. DATE OF BIRTH		AGE (In years last birthday)		ys Hours	Min.
female	white	WIDDWED *		April 13,		77 yrs.	1 10 0171	TEN OF WOLAT	
during most of wor	TION (Give kind of wort king life, even if retire	kdone 10b, KIN ed) IND	D DF BUSINESS OR USTRY	11. BIRTHPLACE			12. CITI	ZEN DF WHAT NTRY?	
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13. FATHER'S NAM	ME			14. MOTHER'S MA			ALT B		
Jacob Wh				###Well	# Isad	ora Moi		star	2
15. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16. SO	CIAL SECURITY NO. 17	INFORMANT		Addre	ss		
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18. CAUSE DF	DEATH [Enter only or				1			INTERVAL BET	TWEEN
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cause (a), s	staring the		~						
70		(c) IDNSCDNTRIBUTI	NG TO DEATH BUTNOT RE	LATED TO THE TERMINA	L DISEASE COND	ITION GIVEN IN	PART 1(a)	19. WAS AUT	MED?
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DR CONTRIBUTED (IF EITHER, NO	T WAS UNDERLYING ☐ TING ☐ CAUSE DF DEA DTIFY MEDICAL EXAM	ATH INER)	SCRIBE HOW INJURY OCC	JURKED. (Enter nature	or injury in Pa	rt I or Part II o	or item 18.)		
정 2Dc. TIME DF	INJURY Month, Day,	Year 20d. INJ	URY OCCURRED 20e. PI	ACE OF INJURY (Home,	farm, 20f. (City or town)	(Count	y) (S	state)
2Dc. TIME DF Hour a.	.m. 19	While at work	Not While 11ac	tory, street, office bldg.	, etc.)				
21. I certi	21. I certify that (1) (this hospital) attended the deceased from 6-24, 1964, to 2-23, 1966, that (1) (20) las								
	saw the deceased alive on $\frac{2-23}{1966}$, and that death occurred at $\frac{2}{1966}$ M, from the causes and on the date stated above								
22a. SIGNATU	IRE)	2 /)	0	ATTENDING	HED	(BYAFF		E SIGNED	
	slorsy (odon, 1	4 M	D. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			12-2	3-66	
22c. PHYSICI NAME (1	(vne)			22d. ADDRESS	PRING G	ROVE ST	ATE H	OSPITAL	
	George	Rodon,			Baltimo	re, Mary	land 2	1228	
23a. BURIAL, CRE	MATION, 23b. DATE		23c. NAME OF CEMETE	RY OR CREMATORY	23d. LO	CATION (City, to	own or count	ty) (Sta	ate)
Buria.	1 2/26	/66	Stewartsto	wn Cem.	Stewar	rtstown	York	Co.,I	Pa.
24 FUNERAL DIR	ECTOR	0	ADDRESS	D 25a. R	REC'D BY REGIS	TRAR 25b. R	EGISTRAR'S	SIGNATURE	
Joune	el lo lu	breen &	Servaitela	m 19. DATE	R 9 E 10	150 000	isulas	Jusas	

DATER

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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aller season of a value of the season of the The state of the s tion of the street No. of the State o The proof sydem and the second with the second with The read of the stand Stell business, architectus, and all all subo surpos. The it to Carlin Stratellin Rolling 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01890		CERTIFICA	TE OF DEATH		0.1839
1.	PLACE OF DEATH a. COUNTY	Baltimore		H	(Where deceased lived, If Institution:	Residence before admission)
	1our	LOW 2/2	204 MARYLAND	a. STATE	land b. county	moreo County
	b. CITY OR TOWN (if ou write RURAL and give	tside corporate limits,	C. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If o	utside corporate limits, write RURA	L and give nearest town)
	Towson	o hearest town,				03-1
1		OR INSTITUTION (if not in h	ospital, give street address	s) d. STREET ADDRESS	1 . 0	e. IS RESIDENCE ON A FARM?
41	reater B	altimore Me	dical Center	1847	Lochwood Ro	YES NO NO
3.	NAME DF DECEASED (Type or print) Lulo	First Boy	Freelax	Last	4. DATE Month DF DEATH DEATH	Day Year 6 1966
5.	707 0	LOR OR RACE MARRIED		8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
	Mala 4	hito WIDOWED	DIVORCED	February.	last birthday) Months	0 11 0
10a.	USUAL OCCUPATION (GIV	re kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Cour	hty & State, or foreign country) 12.	CITIZEN OF WHAT
auri	ng most of working life,		ngustry Intant	TAUTA 9	12011 111 8 2	COUNTRY?
13.	FATHER'S NAME		orchance	14. MOTHER'S MAIDE	N NAME	1.11.
	James	Freela	nd	Margo	set boursus	
	WAS DECEASED EVER IN		SOCIAL SECURITY NO. 1	7. INFDRMANT	Address	
(Yes	, no or unkown) (If yes g	ive war or dates of service)	None	James Freelan	d 7847 Lachum	od Road
	18. CAUSE DF DEATH	Enter only one cause per l	ine for (a), (b), and (c).]	1 1	70.7 20000	INTERVAL BETWEEN
	PART I. DEATH WA		ex semital	Heart a	usease.	ONSET AND DEATH
	7547 mm		The	Star May	et Veerle	
	Conditions, If any, wi	DUE TO (b)	Branague	ition of bus		
	gave rise to immed	late (1		4 - 7 - 4 - 7 - 7
	cause (a), stating underlying cause last.	(c)				
NOI	PARTII. OTHER SIGNIFIC		JTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES NO
E	2Da. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	NDERLYING 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature of I	njury in Part I or Part II of Item 1	8.)
	(IF EITHER, NOTIFY ME	DICAL EXAMINER)				
MEDICAL	2Dc. TIME OF INJURY	Month, Day, Year 20d. I	NJURY OCCURRED 20e. F	LACE OF INJURY (Home, fari	m, 2Df. (City or town) (C	ounty) (State)
ME	Hour a.m. p.m.	19 While at work	Mot while	ctory, attect, office blug., etc	0 -	6/16
	21. I certify that	(I) (this hospital) attend	ed the deceased from_	3:15 AM12-6,19	66 to 6:45/4, 19	that (I) (we) last
	saw the deceased				454M, from the causes and on	the date stated above.
	22a. SIGNATURE	(()	() 2 /	ATTENDING M	ED. STAFF 22b.	DATE SIGNED
	22c. PHYSICIAN'S	reals !!	steantarg!	W.D. PHYS. L	RECTOR PHYS. 2 -	6-66
П	22c. PHYSICIAN'S NAME (Type)	ERCEDES C). Alcanta	ra GBMC;	6701 N. Charle	St. Towson
23a.		23b. DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City, town or c	ounty) (State)
	Burial (Specify)	2-8-66	Sacred Hea	urt (emeteru	7401 German Hil	1 Rd Balta Md.
24.			ADDRESS	25a REC'	D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
	Charles S.	Zeiler 90	01 S. Conklin	O. JAL DATE	1 1 1966 Jelland	ly Judge

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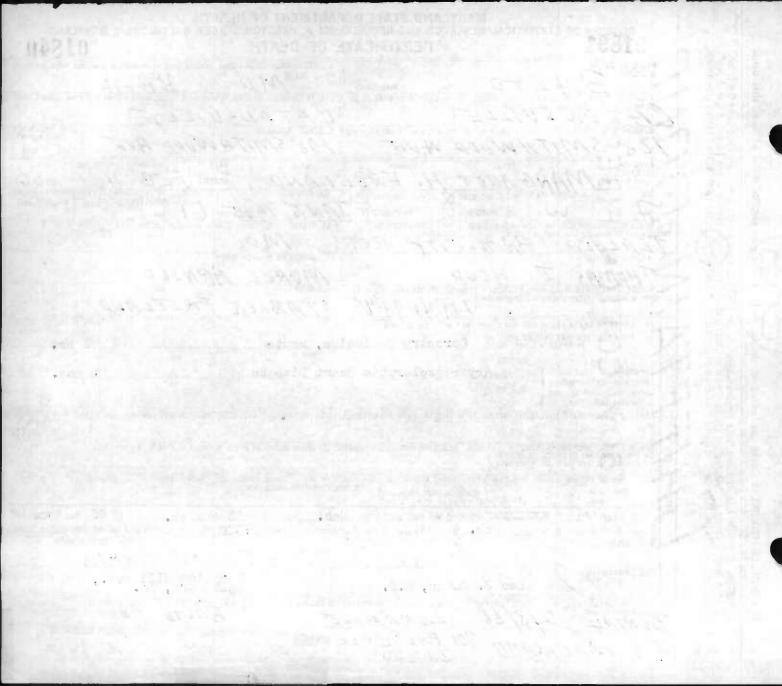
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remodes and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		(1 -4. (1 -2. 1)
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	Residence before admission
BALTO MARYLAND	a. STATE MD BOOKETY LTO	
b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town
CATONS VILLE	CATONSVILLE	03-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENC
108 SMITHWOOD AVE	108 SMITHWOOD AVE	YES NO
3. NAME OF DECEASED (Type or print) MARCARET H. FIREL	ELAND BATE Month DF DF DF BATH FEB 4	Day Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (in years IF UNDER last birthday) Months I	
WIDOWED DIVORCED	TAN 5. 1905 (ast, birthday) Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
TEACHER BALTO CITY RETO		DOMIN'I
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
THOMAS I. HOUD	MUREL ARNOLD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)		
214-48-44312	STABLER FREELAND	·
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlus	ion. acute	l hr
4201 DUE TO		
Conditions, If any, which) (b) Arteriosclerotic H	eart Disease	2 mos
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [2]
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of item 18	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		unty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ factor 20c. PL/ factor 20	ory, street, office bidg., etc.)	
21. I certify that (I) (this respiratorattended the deceased from	Dec. 19 53 to Reb. 19 6	66, that (1)20xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	it death occurred at 9:30 R, from the causes and on t	
22a. SIGNATURE	22b. D	ATE SIGNED
Ser Prove M.	D. PHYS. DIRECTOR PHYS. 2/5/	/66
22c. PHYSICIAN'S NAME (Type) Leo J. Gaver, M.D.	22d. ADDRESS Mallow Hill Ave.	,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		unty) (State)
BURIAL (Specify) 2/8/66 LORRAIN	IE BALTO CO.	
24. FUNERAL DIRECTOR 201 FADRESS - PLA	25a. REC'D BY RECISTRAR 25b. RECISTRAR	'S SICNATURE
V= 5 MALIVARB	DATE B 9 1966 Acharle	y Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Tage 4 may be retained by the incoming of accounting property.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tenove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 241

	727		
1.	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COLINTY	esidence before admission)
	Sollimore MARYLAND	Maryland Ball	imas a)
_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
	Kaltonero 5 days	BALTIMORE	13 - /
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) REATER BALTIMORE IMEDICAL CENTER	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
7		5-166 Ilrace Drus	YES NO
3.	NAME OF DECEASED (Type or print) CLARA First B. GA		18 1966
5.	TEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 12/27/16 9. AGE (In years FUNDER last birthday) Months wrs.	Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	TIZEN OF WHAT
1	Come maker. At Home	Stevensville, Maryland US	
13.		14. MOTHER'S MAIDEN NAME	
	Samuel Bullen	Clara Grimes	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service)	John J. Galigki 5166 Terrace	Dr 21236
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	extense (Theory	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: ACUTE PULMONA	IRY EDEIMA	ONSET AND DEATH
	1463X	and The objects	
a	Cenditions, If any, which (b) MULTIPLE PULME	DNARY EMBOLISM	
	gave rise to immediate cause (a), stating the DUE TO THE PORTION OF THE PROPERTY OF THE PROPER	TIC LEFT LEC	
z	(0)	TIS LEFT LEG	LIO WAS AUTODOV
ICAT10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
CAL	factor for the state of the sta	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While Not While at work	rry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	2/13 1966 to 2/18 196	6, that (I) (we) last
		t death occurred at 132M, from the causes and on the	ne date stated above.
	22a. SIGNATURE Oscav Ferrandini	ATTENDING MED. STAFF 22b. D	ATE SIGNED
	Mic	D. PHYS. DIRECTOR PHYS. 2	18/66
	22C. PHYSICIAN'S NAME (Type) OSCAR FERNANDINI	Greater Balto, Med, Center	•
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
	Burial Feb 22, 1966 Holy Rosary C	Cem. Balto, Md.	
24.	FUNERAL DIRECTOR ADDRESS	250. REG D DT REGISTRAR 250. REGISTRAR	
	Dippel Brothers Inc 7110 BelairRoad 2120	06 DATEEB 23 1968 JCharl	es Judge

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RYLAND STATE DEPARTMENT OF HE Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY al director. Page for your files. b. COUNTY 5 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) e. IS RESIDENCE d. STREET ADDRESS 'pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral xaminer's Office along with form PM3. Page 5 may be retained fo used as a burial-transit permit, File pages 1 and 2 with the State Di cremation, or removal, and in any event within 2 hours after de ON A FARM? YES NO K 3. NAME OF Middle DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS birthday) WIDOWED X DIVORCED T 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) HOUSEWI 13. FATHER'S NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) | (If yes give we ror detes of service) 203/ Muller 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Fractured rt. humerus; Fract. rt. radius; 5 min(est DUE TO Fract. ribs right & left; Compound fract. rt. leg (middle 1/3) tibia & fibula; 8" laceration at Conditions, if eny, which gove rise to immediate cause DUE TO fracture site; 8" laberation rt. poppiteal space; Examiner's (a), steting the underlying (c) Fract. rt. ankle both bones; Fract. rt. femur be used CERTIFICATION burial PERFORMED? the certificate, writing the word rwarded to the Chief Medical E YES NO 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) 0 PRIMARY TO OF CONTRIBUTING Crossing Reist. Rd., Struck by car CAUSE OF DEATH. agent, prior the Chie 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20s. TIME OF INJURY Month, Dey, Year (County) (State) fectory, street, office bldg., etc.) 19 66 While Not While Reisterstown Rd. Owings Mills Balto. forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X and in my opinion death resulted from: Natural causes Accident K Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 2-28-66 D. D. Caples, M. D. 6 Hanover Rd Reisterstown Md. ple. 4 sh. TO FUL. Health c NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY VR A15ME

Manual Francis Control of the state of the second of the se A THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death and USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY by the tu a. STATE Pages 1 urs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (if outside corporate limits, c. LENGTH DF STAY IN 1b oon papers. Pag within 72 hours write RURAL and give nearest/town) filled in INSTITUTION (if not in hospital, give street address d. STREET ADDRESS etely executed within pou NAME DE Month 3. First Middle Last 4. DATE DECEASED DEATH (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED Months DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done) physician Ξ lease and in certificate be during most of working life, even if retired) 0 14. MOTHER'S MAIDEN NAME attending ph remova do. Address 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the attend the burial-transit permit. It to burial, cremation, or r death (Yes, no, or unkown) (If yes give war or dates of service) FFTON IND. RR.4 Boy 324 CAUSE DF DEATH [Enter only one cause per line for (a), (b), The law requires that the PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Arterio e U 212 Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating as th r this certificate has b detached for use as t te Dept. of Health prior underlying cause last. (c) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm. 20d. INJURY OCCURRED 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While at work While After p.m. 19 at work DIRECTOR: Af age 3 should liled with the S 196 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. STAFF DIRECTOR M.D. ADDRESS

INTERVAL BETWEEN ONSET AND DEATH Know 1 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO V YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) (County) that (I) (we) last and that death occurred at 5.30 M. from the causes and on the date stated above. 22b. DATE SIGNED age 4 m. FUNERAL DIM. ctor, page 3 22d. 22c. PHYSIC IAN'S director, p NAME (Type) NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 0. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 24. MO

e. IS RESIDENCE

YES

Days

12. CITIZEN OF WHAT

ON A FARM? NO X

Year

196

Hours

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4 DEPARTO, MO all aright that a life and the second of the second of the second of the second PLICA MURICIPES WESLEMA HAPEL EM PLACTERT CO. The Words of Held toll Have be Live to Live to the toll t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND lay is necessary, 13 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b 42 af e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? State hours a NO X YES 2, and PM3. DATE Month Day Year Middle NAME OF First OF DEATH the 72 DECEASED 19 (Type or print) 1 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last, birthday) | Months | Days | Hours | Min. DATE OF BIRTH 5. SEX 8. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If secute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form NEVER MARRIED Months Days Hours WIDOWED DIVORCED 2 l and a 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11/2 BIRTHPLACE (State or foreign country) COUNTRY during most of working life, even if retired) INDUSTRY pages 1 in any e MDTHER'S MAIDEN NAME FATHER'S NAME 15. WAS DÉCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) (Yes, no, or unkown) permit. I INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per_line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a l underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT ND K YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part il of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should bagent, price EDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While designated at work at work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry es. FUNERAL DIRECTOR: Undetermined manner Homicide Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER for your lease execute lirector. Page 4 IS 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER please ex director. retained Health **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) (State CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. THERFOR 23a. REMOVAL (Sperify) Jo. 0

REGISTRAR'S SIGNATURE

VR A15ME 3500 4-64 FUNERAL DIRECTOR

THE STATE OF THE SHARE STATE OF THE STATE OF 290 14210 Lawrence Friend Cipter Same Cramery acceleran 1 th franch -THE TRAVES The william of the state of the 24 hours after death.

death certificate be executed withIn

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. death.

lease remove carbon papers. Pages 1 and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01896	CERTIFICATE	OF DEATH	01844
PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, I a. STATE b. (if institution: Residence before admi

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, it institutions we	-Cally
PSALTIMORE MARYLAND		REDERICH
	c. CITY OR TOWN (If outside corporate limits, write RURAL a	ind give nearest town)
	Primer Traderials	042
	d. STREET ADDRESS	l e. IS RESIDENCE
		ON A FARM?
		YES NO
DECEASED	Last 4. DATE Month	Day Year
(Type or print) / BESSIE MAY	TIBLON DEATH DEVYUNES	20 1966
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (in years IF UNDER 1	YEAR IF UNDER 24 HRS.
F. WIDOWED DIVORCED	January 20-1889 77 yrs. Months	Days Hours Min.
		IZEN OF WHAT
ing most of working fire, even it replied) INDUSTRY	CALVERT COUNTS Mal L	1.5.
AFATHER'S NAME	14. MOTHER'S MAIDEN NAME	
X 1 4 Hill	Caroli & 4.1.)
WAS DECEASED EVED IN IL S ADMEDITION OF THE SOCIAL OF CHIDITY NO. 17	Cicles 1, woon	
e me on temberomy 1616 une nive mon au defea of consises		4
- R	ecorels! Spring Grove ST	ALE TIOSS.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Expressive HE	PART FAILURE	ONSET AND DEATH
11500		
Conditions, If any, which) PAEUMONIX	715	
gave rise to immediate (
couse (a), stating the	D ARTERIOSCLEROSCI	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	a. COUNTY D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C.	a. STATE D. COUNTY D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) With RURAL and give nearest town) D. C. LENGTH OF STAY IN 1b WITH RURAL and give nearest town) D. C. LENGTH OF STAY IN 1b C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give street address) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give street address) D. C. C. CITY OR TOWN (if outside corporate limits, write RURAL and give street address) D. C.

CERTIFICA

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.)

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County)

Hour a.m. While at work Not While at work p.m. 19

(State)

YES

NO

21. I certify that (I) (this hospital) attended the deceased from (I) stub and that death occurred at 3 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED

M.D. PHYSICIAN'S NAME (Type) 22c.

ATTENDING PHYS. ADDRESS 22d.

MED. DIRECTOR PHYS.

BURIAL, CREMATION, REMOVAL (Specify) 23b. CEMETERY OR 23a.

CREMATORY

23d. LOCATION (City, town or_county)

STAFF

(State)

REC'D B 19 66

A15 (4) 1/65 20M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2

director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal,

MEDICAL

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IN		กากจ	7		CERTIFIC	LAIE	OF DEATH			1118	345	
7		COUNTY	BALTIMORE		MARYLA	ND	2. USUAL RESIDENCE (V a. STATE	Where decea	b. COL	INTY	befare admiss	/
	b	write RURAL and	If autside carparate limit d give nearest town) WARD	5,	c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (If au	tside carpara				2
	0	. NAME OF HOSPIT	AL OR INSTITUTION (If no		give street address)		d. STREET AOORESS	J CLI WILL	1441			FARM?
/			NS ADMINIST				BOX 181				YES	NO be
П		NAME OF DECEASED		rst	Middle		Lost	4. DATE	Mar			ear
1	(Type or print)		ARREN	н.		FIFT	DEATH				66
1	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. OATE OF BIRTH	,	AGE (In years last birthday)	Months 1	Days Haurs	R 24 HRS
		MALE	WHITE	WIDOWED	DIVORCED		AUGUST 12,	1923	42 yrs.		-	
			(Give kind of work dane life, even if retired)	IN	ND OF BUSINESS OR DUSTRY ree Triming		11. BIRTHPLACE (Caunty		reign country)	COU	EN OF WHAT	
ł	13.	FATHER'S NAME	PURALETA		ree Hillillia		PENNSYLA 14. MOTHER'S MAIOEN I				S.A.	
			CLYDE GIFT				TOUT	LA MN:	YOCUM			
1	15		R IN U.S. ARMEO FORCES?	1 16	SOCIAL SECURITY NO.	17 18	FORMANT	THE THING	Add	2207	100	
-1			(If yes give wor or dates of		JOCIAL SECONITY NO.				7,00			
		YES	WW II		7 18 7700	CLI	N. RECORDS	VA HO	SPITAL	FT HOW		0.
			EATH (Enter anly ane cau	ise per line far	(a), (b), and (c).)						INTERVAL BI	
1		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) BRO	NCHOPNEUMON:	IA				Section	ONSEL AND RECEN	PEATH
		.157	OUE	()		77/	Total Transition					Vol
	-	Conditions, if ony		(b) CA	RCINOMA HEAD	D OF	PANCREAS V	VITH C	BSTRUCT	EVE JAT	NDICE	4 MC
1		rise to immediat	e cause (a), ((C) 5 (F/A)(F)	- 111				
		stoting the unde	,	(c)								
	×	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATE	ED TO TI	HE TERMINAL DISEASE CON	NDITION GIVE	EN IN PART 1(a)		19. WAS AU PERFOR	TOPSY MEO?
	NE I	PANC	REATIC NECF	ROSIS W	ITH ABSCESS						YES K	
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCU	JRREO. (Enter noture of injury in	Part I or Par	t II of item 18.)			
	MEDICAL		JRY Month, Oay, Year	20d. II			E OF INJURY (Home, farm		(City or town)	(Coun	ity)	(Stote)
1	MED	Hour o.r	1.0	While at war		focto	ry, street, affice bldg., etc.)					
1			11.		ded the deceosed from	om	2/5/66	0 1	0 2/25/6	6 10	_, that (b)c	(140) [
1			eceased alive on		6619, an	d that	death occurred of				_, into (a)	d oho
1		220. SIGNATURE	eteesed plive on	ALE ST	17, dil	u mui	dealli occorred or	1.00	a, an one cooses	22b. DAT		,u 000
1		220. SIGNATURE	/ales)	/2	wan -	M.D	ATTENOING	MED. DIRECTOR	STAFF C		/25/66	
1		22c. PHYSICIAN'S		-		M.D	PHYS. L	DIRECTOR	PHYS. L	<u> </u>	12700	
		NAME (Type	PETER V	JUVA	N, M. D.			r HOWA	RD, MARY	TAND		
ı	23a.	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	RY OR C	REMATORY	23d. LC	CATION (City or To	own) (I	County)	(State)
		REMOVAL (Specify BURTAL	3/7/	56	ARLING	TON	NATIONAL		ARLINGTO	ON. VIR	GINIA	
1	24.	FUNERAL DIRECTO			2234004		Taca peri	BY REGISTI		EGISTRAR'S SIG		
		Genele	& Heppen	N	HOPPING F	UNEF	PAL HOME	4			de	
F		with	1	1	ANNAPOLI	6 N	ARYTAND	1	455 100	Lando,	Durker	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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VR A15 (4) 1SM 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

111636						111840
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where decaasad	lived, If Institution: Re	sidence before edmission)
Baltimore		MARYLAND	a. STATE	44	Baltiman	
b. CITY OR TOWN (if outside corporat	e limits,	c. LENGTH OF STAY IN 16	Maryla	I (If outside corporete li	Baltimore	The later was a later with the later with the later was a later with the later with the later was a la
write RURAL and give nearest tow	1)				30	- 4
TOWSON d. NAME OF HOSPITAL OR INSTITUTI	ON (if not in ho	July 1964	Baltime		00	. IS RESIDENCE
			The second second			ON A FARM?
Dulaney Towson	Nursin			. Paul Str		YES NO X
DECEASED	hirst	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) Ma	rgaret]	Huetter Gil	len	DEATH	Februar	
5. SEX 6. COLOR OR I	ACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	1 41 1 1	
Female White	WIDOWI	ED X DIVORCED	July 20, 18	83 82	yrs. Months D.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if	work 10b. F	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Con	unty & State, or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY
At Home	retired)		Chicage	e. Ill.	IJ	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE			
Phillip Huett	er		ALC: NOTE: 1	Swedenha	am	
15. WAS DECEASED EVER IN U.S. ARMED		SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, no, or unkown) (If yes give wer or date	as of sarvice!		an Gillen Sn	mith 7115 F		Road #7
18. CAUSE OF DEATH [Enter onli	y one cause per	line for (a), (b), end (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED I	SF (a) CP	rebrol Thro	mbosis			ONSET AND DEATH
2211	E TO		The state of the			
Conditions, if any, which	(1)	erchret a	+1110 c/21	1505		Yrors
gave rise to immadiete cause		CI NICIT ON	1 301111			
(a), stating the underlying	IE TO					
cause lest.	(c)	NITRIGUITING TO BEATURNIT NO	OT DELATED TO THE YER	ANIAL DISEASE CONDU	TION CIVEN IN BART	1/-) 10 WAS AUTORSY
PART II. OTHER SIGNIFICANT CO	DADITIONS CO.	/ *	OI KELATED TO THE TERM	MINAL DISEASE CONDI	HON GIVEN IN PART	PERFORMED?
13 Pari	Kinson					YES NO
PART II. OTHER SIGNIFICANT CO	ATH	SCRIBE HOW INJURY OCCURED). (Enter neture of injury i	n Part I or Part II of iten	1 18.)	
3 20c. TIME OF INJURY Month, Da	y, Yeer 20d.	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fa	irm, ; 20f. (City or tow	rn) (Count	ty) (State)
20c. TIME OF INJURY Month, Da Hour e.m.	While at wo	THE PARTY OF THE P	tory, street, office bldg., e	tc.)		
P.1111	17		. 1-1.	10 (3 . 7	12 104	7
21. I certify that (I) (this h saw the deceased alive on						
22e. SIGNATURE	1					22b. DATE
DN 17 16	132		ATTENDING PHYS.	MED. STA		File SIGNED
22c. PHYSICIAN'S	01		22d. ADDRESS			06
NAME (Type)						
23a. BURIAL, CREMATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)) (State)
REMOVAL (Specify)		Woodlawn C	emeters			
Burial 2/4/	00	ADDRESS		EC'D BY REGISTRAR	ore, Mary	GNATURE
Ellsworth Armacos	+ 1600			FEB 4 19	166 Files	the Judge
TITIS MOT CIL WILLING COS	1 4000	Liberty Height	S Ave. DATE	1 00 0	- /	0

16211 emic Mil. It wallens X sweet Numering School benefit Street June 100 Plantant Harris Chille Comment of the Comment of the same of several section in the section of the s I'm 19 et al la company y de company and a c maciy and the constant that a grammac Traveline P A VALUE OF THE COST OF THE COST A PROPERTY OF THE COST AND THE COST AN TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har softer death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1899	CERTIFICATE O	OF DEATH

Reg. Dist. No. 11847

					Reg. Dist. 140.
1. PLACE OF DEATH a. COUNTY Balt	imore	MARYLAN		Where deceased lived. If instit ryland b. COUN	ution: Residence before odmission) TY Baltimore
	If outside corporate limits, write	c. LENGTH OF STAY IN T		If outside corporate limits, write Ville, Manor	e RURAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION HOL	IAL (If not in hospital, give streetling in the Pi	r oddress) Lnes	d. STREET ADDRESS	entral Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Conrad	Middle G:	lse	4. DATE OF DEATH Feb.	Nanth Day Year
5. SEX	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH 11/1902	9. AGE (In year lawy)	Manths Days Haurs Min.
during most of wor	ON (Give kind af wark done 10th king life, even if retired)	kind of Business or in oring Grove	DUSTRY 11. BIRTHPLACE (Sto		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNO	own		14. MOTHER'S MAIDEN Unknown		
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	. SOCIAL SECURITY NO. 17	Nellie M.	Gise 6005 0	ddress entral Ave. 27
PART 1. DEA Canditions, if a gove rise ta i cause (a), stating lying cause last.	mmediate (GLIVER	My Lyno	MeTast	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTH				MINAL DISEASE CONDITION (GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)	SCAIDE TIOW INSORT OCCUS	CALD. (LINE HOLDE OF INJOY)	n run i or run ii or nem re.j	
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 20d. 19 While of wa	Nat while	PLACE OF INJURY (Home, for factory, street, affice bldg., o	irm, 20f. (City or town)	(County) (State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at Lattended the decea 3/17, 19 WWW ES	11	//5, 19 65, 1a 1th occurred at 10 M.D. 5556	2//9, 19/2 P.M. from the causes ADDRESS (Street, city or tow U. B. T.O./	and an the date stated above.
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY Lorraine		22d. LOCATION (City, town	
23. FUNERAL DIRECTOR		ADDRESS ndsor Mill	240_RE		GISTRAR'S SIGNATURE

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL ON VS A1S (4) 15M 10/S7

COLD TO THE RESIDENCE OF THE PROPERTY OF THE P	TEL JACAMITACHIA		MARYTANU SE	
The state of the s	WARTED A STREET	CERTIFICATE OF DEA	0.0	
The state of the s	National Action of the Company of th			
		Balt	Series	
			Charles Lawrence To 1	T. A.
	72 . 674 132 700 2000 0020	, was in the subject of		
the second of				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obscion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

A CONTRACTOR OF THE PARTY OF TH	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
01900	CERTIFICATE OF DEATH	01848
AOF DE OPATH		

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Baltunas	a. STATE Ma a county Bo It is a se
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	6.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gwe street address)	17 CP/1 1/15
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1313 Julphur Jeang Rd	1313 Sulpharpring CC YES NOD
3. NAME OF DECEASED Middle	Last 4. DATE Month Day Year
(Type or print) Ludwig (1/250x	DEATH Pebruary 23 1966
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF,ONDER 1 YEAR IF UNDER 24 HRS.
male wildowed Divorced	January 1,1886 80 yrs. Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRT PPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Blacksmith Blacksmith	COUNTRY?
13. FATHER'S NAME	LITHUANIA LITHUANIAN
11	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes pive war or dates of service)	
No 705-03-9376 K	SaA. Lloser 1313 Sulphur P. Kd.
18. CAUSE DF DEATH [Enter only one causa per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Careuro M	in of the colon onset and death
1538 DUE TO	- Inches
Conditions, If any, which (b)	
gava rise to immediate	
underlying outer lead	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
2D2 ACCIDENT WAS UNDEDLYING TO 1 20h DESCRIPT HOW INHIBY COO	YES NO
2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PL Hour a.m. While Not While at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While fact	
21. I certify that (I) (this hospital) attended the deceased from_	De Cembrage to Fel 20, 1966 that (1) (we) last
saw the deceased alive on Tele 1906, and the	at death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
broken V. dul	ATTENDING TO MED. TO STAFF TO STAFF
22c PHYSICIAN'S	D. PHYS. DIRECTOR PHYS.
22c PHYSICIAN'S NAME (Type) Dr. Justin Kudirk	2151 Wilkens Elve.
23a BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
O REMOVAL (Specify)	n. 1. 10 16. m / 1
Buria) 2/26/66 Immanuel 24. FUNERAL DIRECTOR ADDRESS	Lemerery Doltmore, 11911and
	I mmp
Ambrose Incl328 Sulphur Spring Ro	DATE B 24 1966 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Proposed the Proposed States of the Control of the Parish of the

Division of STATISTICAL RESEARCH AND RE W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE TISTIM. RESIDENCE (Where daceased livad, If institution, Residence before admission I. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN lif outside corporate limits. director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) DWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? NO T YES T 3. NAME OF Middle Day DECERSED (Typa or print) DEATH 19 5. SEX 8. DATE OF RIPTH NEVER MARRIED AGE (In years LIF UNOFR 1 YEAR IF LINDER 24 HRS last birthdey) Months Ina. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during may of working life, even if retired) 45 Own Home pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Give Pa any Unknown LAURA LYNCG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) | (If yes give war or datas of service) Office along with Family Records None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND OFATH PART I. OFATH WAS CAUSED BY-IMMEDIATE CAUSE (a) TERIOSCIENOTIC CARDIOVASCULAR DISEASE Conditions, if any, which gave rise to immediate cause O pending Examiner's DUE TO 98 (a), stating the underlying used cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION writing the word burial, PERFORMED? should NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of itam 18.) 0 PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 0 3 the Cm. MEDICAL ᇗ 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (State) Hour a.m. While Not Whila factory, streat, offica bldg., etc.) at work at work sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED S SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6 Address (Streat, city, town, or county) NAME (Type) please 4 shoul O FUN Health 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRRY OR CREMATORY 22d. LOCATION (City, lown, or country) (Steta) REMOVAL (Spacify) Sherwood & piscopal (em. Mar. ockeysville, 23. FUNERAL DIRECTOR REC'O BY REGISTRAR VR A15ME 5M 1/62

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral r, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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14 C	F .:-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

A												
. COUNTY					2. USUAL RES	SIDENCE (W	here deceased lived, b. CO		n: Residen	ce before	dmission)	
Baltimore &XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					Maryland							
b. CITY OR TOWN (i	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	give nearast town)					Baltimor	re		03	-1		
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in hos	pitet, give street eddre		d. STREET AD						ESIDENCE	
	3402 Kelox	Rd			3402 Kel						NO [
3. NAME OF DECEASED	First		Middla		Last	4. D.		onth	Dey	Yea	r	
(Type or print)		ANNY		STEIN		D.	EATH 2/19/6			19		
5. SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED		DATE OF BIRTH		9. AGE (In yes	1	and the same of		24 HRS.	
Female	White	WIDOWE	D DIVORCED	, 🗆	8/15/190	16	59 yrs.	74101111112	Deys	Hours	Min.	
10a. USUAL OCCUPAT	ON (Give kind of work	10b. Ki	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(County & St	ete, or foreign count	ry) 12.	CITIZEN O	F WHAT	COUNTRY?	
done during most of wo	orking life, even if retire	10)	Home.		Du	ssia		11	ISA			
13. FATHER'S NAME	and conclude	1	nome	1	14. MOTHER'S N			1 4	JA.			
Jul	lius Chiesse	8			Sara	h Gert	per					
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO	D. 17. IN	FORMANT	111	Addi	088	The second		-	
(Yes, no, or unkown) (II	ryes give weror detes of s	21	8/03/7123	Tri	vin H. G	oldstoi	in Same					
	EATH [Entar only ona	causa per l	ine for (e), (b), end (c,		4.5 11.6	A	- JWIIE			ERVAL BE		
	H WAS CAUSED BY:	han	tastati	0 014	ONSET AND DEATH						DEATH	
1525	DUE TO		iniaic	u		7			-	1-91	~	
Conditions, if any												
geve rise to immedi	eta ceuse											
(e), steting the u	DISC TO	Up II										
ceuse lest.) (c)		ITDIDI ITING TO TO	A DITE	DEL ATER TO	TEDAME	TEACE CONTRICTOR	CIVEL W. C	4 DT 11	0. 11/42	LITOSON	
PART II. OTHER	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATI	TON IU	KELATED TO THE	TERMINAL DI	SEASE CONDITION	SIVEN IN P	AKI 1(0) 1		ORMED?	
ICA									1	YES 🗌	NO 🗌	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY	OCCURRED.	. (Enter nature of	injury in Pert I	or Pert II of item 18.)					
3 20c. TIME OF INJU	RY Month, Dey, Ye	er 20d.	INJURY OCCURRED		E OF INJURY (Ho		f. (City or lown)	((County)		(Slete)	
20c. TIME OF INJU Hour a.m.	19	While et work	Not Whila		y, street, office bl						741	
P	hat (I) (this hospi		0 01	Lfrom		10/0/	to As	4.19	1965	hat (I)	(wa) last	
	nat (I) (this nospi sed alive on											
22e. SIGNATURE	7-	`	A 4	Irial C	Joann Occurred			3	o udi		DATE	
ZZE. JIGHATUKE	Sol	UBS	to Collece	M.D	ATTENDING PHYS.	MED. DIRECTO	OR PHYS.			22	SIGNED	
22c. PHYSICIAN'S				112	22d. ADDRE			2	2	111	-	
"Jonas"	Cohen				0/07/	Park 40	eights H	ve.	Jac	10'	Md	
23e. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CE	METERY OF	R CREMATORY	23d.	. TOCATION (City,	town or co	unty)	(5	itete)	
BURIAL (Specify)	2/20/66		Chizuk 1	Amuno			Baltimo	re. M	arula	und		
24 FUNERAL DIRECTOR		1,74 1,0	ADDRESS		2	5a. REC'D BY		REGISTRAR				
SOL LEVINSO	IN & BROS I	NC. 6	010 Reist	Rd.		ATED O O	1066 00	Marl	as Que	192		
					- 1	ED XX	1000		7	4		

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		1 5011 Rosac Nd	HEAVE BROS, THE	PER 198

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please vermove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPERTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
01904	GERTIFICATE OF DEATH	01852

- 0200 x	
1. PLACE OF DEATH a. COUNTY By / timore MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY 4 from CrC
b. CITY OR TOWN (if outside corporate limits, c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (Noutside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
134/fimore 1/2 hrs	134/timere 30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS ON A FARM?
Daltimore County General Hosz	3525 White chapel KA YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print)	600 dm 47 DEATH 2-19-19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1907 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DIVORCED	(010 70 40
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Pharmacist Own Store	London, England USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB GOODMAN	SARAH ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
	brs. Ruth Goodman Same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	to tot hules . The change ONSET AND DEATH
IMMEDIATE CAUSE (a) Jacobs Cafe The	us were a responsible and ma
1709 DUE TO	
Conditions, If any, which) (b)	
gave rise to immediate (
under land	
Underlying cause last.) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	YES NO X
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	2-19, 1966 to 2-19, 1966 that (1) (we) last
saw the deceased alive on 2-19 1966, and the	at death occurred at//55 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Dr. Brenvendo a. Cabran	.O. PHYS. MED. STAFF 2 -/1 -64
22c. PHYSICIAN'S	1 22d. ADDRESS
DRAME (1490) ENUENIDO A. CABUR	y Walto County Len: Hosp.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Soecify)	
BURIAL 2/20/66 beth thich	baltimore manuland
24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	and the same and the same
SOL LEVINSON & BROS INC. 6010 Reist 1	Rd. DEFEB 23 1966 Icharles Judge

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DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY 50 E b. COUNTY MARYLAND pue b. CITY OR TOWN (if outside corporate limits, by c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) OUSON d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? RIDERVALE completely RIDERVALE YES NO rbon papers within 72 h 3. NAME OF Middle DECEASED OF DEATH (Type or print) L. CUIJE FEB 1966 GOOSMAN carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED IL DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY! BIRTHPLACE (County & State, or loreign country) done during most of working life, even if ratirad) HOUSE Wile U.S.A. 2 13. FATHER'S NAME attending ple OH 15! WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) | (Ifves give war or dates of service) TWELBECK 1216 RIDERVALE permit. þ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: been signed arcin om as IMMEDIATE CAUSE (a) burial-fransit DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying cause last. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY as CERTIFICATION PERFORMED? prior use NO T Po 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH R: After this detached for 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part J or Part II of item 18.) Ф Health on way (IF EITHER, NOTIFY MEDICAL EXAMINER) L DIRECTOR: After 3 should be detach-MEDICAL 20d. INJURY OCCURRED | 206. PLACE OF INJURY (Home, farm, ; 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) While 2-15-1965 at work at work saw the deceased alive on....... 22a. SIGNATURE 22b. DATE ATTENDING TO HOSPITAL death. Page 4 TO FUNERAL SIGNED page with t DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Dig. town or county) DEMOVAL (Specify) LOUDON 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 101 EDMONDSIN HUE DATE 20M 5-63

ecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate below Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 01906 CERTIFICATE OF DEATH 854

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Baltimore MARYLAND	Md. Balto.
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville 11 Days	Hyde, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Paradise Nursing Home	Redwood Road YES NO
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) NA/Ter L. 6	ordon DEATH Feb 13 1966
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	lug. 21, 1883 82 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Restaurant Business	Baltimore City USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas W. Gordon	Margaret Casey
	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Molton W. Condon - Undo Wd
	Walter M. Gordon Hyde, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	ALTONE COLONIC ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vd 11103Clerosis laving
4500 OUE TO CONKING TO	Bish SUNDYAME
Conditions, if any, which) (b)	Jain Syncione 54rs.
gave rise to immediate	11 M. 1/1/
underlying cause last. (c)	ecu Difus Multiple 10 days.
PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S Dehydration Melhu	Trition YES NO DY
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNATION ON DITIONS CONTRIBUTING TO DEATH BUT NOT RELA 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
O I fanta	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While ractor	s, sitest, office bidge, etc.)
21. I certify that (I) (this hospital) attended the deceased from	2/219 6 0 2/19/ that (1) twel last
0 //6\ //	death occurred at 1/2 A. Hom the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
116/4//11	ATTENDING - MED STAFF - 1/2/6
22c. PHYSICIAN'S M.D	PHYS. DIRECTOR PHYS. 1
NAME (Type) WE MC (-YETA	1303 Fraderick Re 212 28 mg
23a. BURIÁL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/16/66 Reisterstown	Methodist Reisterstown, Md.
24. FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. F. Eline & Sons Reisterstown, Md.	IFR 15 1966 Ocharles Judge
	DATE B 15 1956 Junges Junges

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0190	4		CERTIF	ICATI	E OF DEATH	1			1	191	55	
1.	PLACE OF OEATI a. COUNTY	BALTIMO		MARY	(LAND	2. USUAL RESIDEN a. STATE MA	CE (Where		If institu COUNTY		nce before LTIMO		
	ARBUTU			c. LENGTH OF STA		c. CITY OR TOWN (III		corporate limit	s, write l	RURAL and	give near	est town)	
		SPITAL OR INSTITUTION EWAY TERRAC		ospital, give street a	address)	d. STREET ADDRESS 4708 GATE		TERRACE	2122	27		FARM?	
3.	NAME OF OECEASED (Type or print)		rst	Middle J.	G	Last RABOWSKI	4. DA	TE	Month	9	ay Y	rear 966	
1	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIOOWED	NEVER MARRIE		B. DATE OF BIRTH	915	9. ACE (In y last birth		nths Days	RIFUND	ER 24 HRS.	
aui	YARD M		d) If	IND OF BUSINESS OF NOUSTRY & O RAILRO		11. BIRTHPLACE (C				12. CITIZE COUNTI	RY?	AT	
	. FATHER'S NAM	JOHN S.		SKI				DONIEC	CKI				
15 (Y)	es, no, or unkown)	EVER IN U.S. ARMEO FO (If yes give war or dates o WW II	RCES? 16. f service)	SOCIAL SECURITYNO		INFORMANT S. MARIE A.	WOR'		ddress L2 BA	LTIMO	RE AV	#27 7E.	
		DEATH [Enter only on EATH WAS CAUSEO BY IMMEDIATE CAUSE	Anid	ine for (a), (b), and (o		nfarction				Of	TERVAL B	DEATH	
	Conditions, If gave rise to cause (a), st	Immediate ((b) Ess	ential Hyp	erter	nsion				2	2yrs.		
ATION	underlying caus	se last.	(c) ONS CONTRIBU	ITING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL (OISEASE (CONOITIONGIVI	EN IN PAR			DRMEO?	
CERTIFICATION	Seve: 20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	re gouty ar was uncerlying of inc or cause of cear TIFY MECICAL EXAMIN	thritis		RY OCCU	RRED. (Enter nature o	f injury l	n Part I or Par	t II of Ite		YES	№ Ж	
MEDICAL	Hour a.n	n. 19	While at work	Not While at work	factor	CE OF INJURY (Home, fa ry, street, office bldg., e	etc.)	f. (City or tow		(County)		(State)	
		ane c		1966, a	romF and that M.D.	death occurred at	MEO.	- STAFF	uses and	on the da b. OATES Feb.	ate state	ed above.	
232	BURIAL, CREM REMOVAL (Spe BURIAL	IATION, 23b. OATE 1	THEREOF	23c. NAME OF CI		OR CREMATORY	23d.	LOCATION (CI	ty, town		(State)	
	. FUNERAL DIRE			AODRESS			1		. REGIS	TRAR'S SIC	NATURE		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. * PLACE DF DEA			MARYL	AND	2. USUAL RESIDEN a. STATE	CE (Where decea	h COUNTY		sidence be	fore admission)
FORT HO		n)	c. LENGTH OF STAY 33 DAYS	IN 1b		ALTIMORI		RURAL (30	nearest town)
	OSPITAL OR INSTITUTIONS ADMINISTRA	dress)	d. street address 658 W. BARRE STREET					ON A FARM? YES NO X		
3. NAME DF DECEASED (Type or print)) CLA	rst RENCE	Middle		Last GRAY	4. DATE DF DEATH	Month FEBRUAR	XY Y	Day 9	Year 19 66
5. SEX	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED			4, 1929	AGE (In years IF last birthday) Mo	onths	Days	UNDER 24 HRS. Hours Min.
during most of wo	ATION (Give kind of work or rking life, even if retired	done 1Db. Ki	IND OF BUSINESS DR IDUSTRY		BALTIMOR			12. CI	UNTRY?	WHAT
13. FATHER'S NA	MÉ	19			14. MOTHER'S MAI	den name TA SMITI	H			
15. WAS DECEASE (Yes, no. or unkown)	DEVER IN U.S. ARMED FO. Off yes give war or dates of	f corried)	social security no. 8-22-7818		INFORMANT IN. RECORDS.	VA HOSI	Address PITAL, FI	HOW	IARD,	MD.
	F DEATH [Enter only one DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) URE		.1					INTERV ONSET RECE	AL BETWEEN AND DEATH
Conditions, li	o Immediate	(b) MAL	IGNANT HYPE	RUE	NSION				1 YE	AR
cause (a), underlying ca	use last.	(c) BIL	ATERAL NEPH						1 YE	
PART II. OTHER	R SIGNIFICANT CONDITIO	ONS <u>CONTRIBU</u>	ITING TO DEATH BUT N	OT RELA	TED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN PA	RT 1(a)	P	AS AUTOPSY ERFORMED?
20a. ACCIDEN DR CONTRIBU (IF EITHER, N	IT WAS UNDERLYING DITING CAUSE OF DEAT OTIFY MEDICAL EXAMIN	TH NER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	of Injury In Part	t I or Part II of I	tem 18.)		119.4
Hour a	F INJURY Month, Day, 'a.m. p.m. 19	Year 20d. II While at work	Not While	De. PLAC factor	CE OF INJURY (Home, fry, street, office bldg.,	etc.) 20f. (C	Ity or town)	(Cour	nty)	(State)
	tify that to this hosp leceased alive on 2	ital) attende 19/66	ed the deceased from 19, ar	om	death occurred at	19, to 2:50A,M-or			e date s	
22a. SIGNAT	Cester	/	Juvan	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGN 9/66	
22c. PHYSIC NAME ((T)	v. Juv	AN, M. D.		VAH FO		RD, MARYI			
23a. BURIAL, CRE REMOVAL (S BURIAL	Specify)	THEREDF	BALTIMORE		TIONAL	BA	ATION (City, town	MARY	LAND	
24. FUNERAL DI			Charles A.		ce Funeral		1300 /	STRAR'S	SIGNAT	UREGE
			663 W. Bar	erro.	Street DATE	timore	Mel		- 10	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporote limits. write RURAL and give nearest town) FORT HOWARD 91 DAYS BALTIMORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3641 Cottage Avenue VETERANS ADMINISTRATION HOSPITAL YES NO DE 3. NAME OF Middle 4 DATE Month First Lost Year DECEASED OF DEATH WILLIE GRAY FEBRUARY (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Test birthday) Days Hours MARCH 23, 1893 MALE NEGRO WIDOWED X DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? SEAFOOD COVINGTON. GEORGIA U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME IKE GRAY MANDY MN: UNKNOWN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ADENOCARCINOMA OF STOMACH IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Nat While factory, street, affice bldg., etc.) at work at wark 21. I certify that (4) (this haspital) attended the deceased fram 11/23/65 , ta 2/17/66 , 19 , that (*) twe) last . 19 and that death accurred at 8:00PM fram causes and an the date stated above. 2/17/66 saw the deceased alive an 19 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF ecora. 2/18/66 eker Z M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S PETER V. JUVAN. M. D VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) LOUDEN PARK NATIONAL BALTIMORE, MARYLAND BURTAT WILSON FUNERAL HOME 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR**

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death. pup after van papers. Pag within 72 hours .⊆ carban 0 or remova crematian, signed by the burial-transit burial, Page 4 may be retained by the haspital ar attending as the has been use be detached far use State Dept. of Health certificate should TO FUNERAL DIRECTOR: directar, page 3 shauld be filed v

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

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5 may be retained far yaur files TO FUNERAL DIRECTOR: Page 3 sh Health or its designated agent,

VR ATSME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF OFATH 2. USUAL RESIDENCE (Where decrosed lived, if institution: Residence before admission) Baltimore b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)

Mount Wilson 21 hours Baltimore d. STREET ADDRESS NORTH d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? Mount Wilson State Hospital Carey Street YES NO X 3 NAME OF Middle OATE Lost DECEASED Green Ambrose 19 66 February (Type or print) 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Josh birthdoy) Months Doys Hours 6/21/86 Non-white WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Maryland

14. MOTHER'S MAIOEN NAME Cook 13. FATHER'S NAME Louisa Colbert Richard Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Medical Records, Mt. Wilson St. Hosp. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Pneumonia INTERVAL RETWEEN two weeks Pneumonia, right side IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chronic alcoholism NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF OEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg., etc.) None None ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection X ond in my opinion deoth resulted from: Notural couses Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. OATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE 2/3/66 OEPUTY MEDICAL EXAMINER **EXAMINER'S** D.D. Caples, M.D. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) UVIG more FUNERAL OIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATUR Helianles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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itol or orienting physicion.	· this certificate has been signed by the o	or use as the burial-transit permit. Then	or to buriol, cremotion, ar removal, and i	
spirol or orienaing physician.	ter this certificate has been signed by the o	I for use os the buriol-transit permit. Then	prior to burial, cremation, ar removal, and i	
nospirol or orienaing physicion.	After this certificate has been signed by the o	ed for use os the buriol-transit permit. Then	prior to burial, cremation, ar removal, and i	
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Ine nospirol or oriending physicion.	OR: After this certificate has been signed by the o	detoched for use as the burial-transit permit. Then	Health prior to buriol, cremotion, ar removal, and i	
The hospital or orienting physician.	CTOR: After this certificate has been signed by the o	detoched for use as the buriol-transit permit. Then	f Health prior to buriol, cremotion, ar removal, and i	
de l'ine nospirol or orienaing prysicion.	ECTOR : After this certificate has been signed by the o	be detoched for use os the buriol-transit permit. Then	of Health prior to buriol, cremotion, ar removal, and i	
red the nospirol or orienaing physician.	IRECTOR: After this certificate has been signed by the o	d be detoched for use os the buriol-transit permit. Then	rd of Health prior to buriol, cremotion, ar removal, and i	
Tined The nospirol of offending physician.	DIRECTOR: After this certificate has been signed by the o	uld be detoched for use os the buriol-transit permit. Then	hard of Health prior to buriol, cremotion, ar removal, and i	
endined the nospiror or oriending physician.	AL DIRECTOR: After this certificate has been signed by the o	ould be detoched for use os the buriol-transit permit. Then	Baard of Health prior to buriol, cremotion, ar removal, and i	
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be readined in the nospitol of offending physician.	INERAL DIRECTOR: After this certificate has been signed by the o	e 3 should be detoched for use as the burial-transit permit. Then	State Baard of Health prior to buriol, cremotion, ar removal, and i	
by be readined at the nospirol or offending physicion.	FUNERAL DIRECTOR: After this certificate has been signed by the o	age 3 should be detoched for use as the buriol-transit permit. Then	e State Board of Health prior to buriol, cremotion, ar removal, and i	
may be recained at the nospital or ottending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director,	page 3 should be detoched for use as the buriol-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with	the State Baard of Health prior to buriol, cremotion, ar removal, and in any even within 72 hours ofter death.	

TO HOSPITAL OR STENDING PHYSICIAN. The low requires that the death certificate be executed within 24 har after death. Page 4

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	REMOVAL (Specify)	23
1	Burial	
7)	24. FUNERAL DIRECTOR'S SI	GN
do	MIM. CARL BROOM	·C

1	01911			CERTIFICA	ATE OF DE	ATH			01859	
	COUNTY BA	LTIMON	e 60	MARYLAND	G STATE "~	ENCE (Where deceased	l lived. If institutio b. COUNTY	n: Residence bef	fore admission)	
-	b. CITY OR TOWN (IF	outside corporate limi	ts, write c. LENGT	TH OF STAY IN 16	c. CITY OR TO	OWN (If outside corpor	rote limits, write RL	JRAL ond give n	earest town)	ma.
	RURAL ond give ne	USOK/	16 40	0.10 MO.	1 30	TL+1 mo	RE	3	5 - 4	
	d. NAME OF HOSPITA	AL (If not in hospital, g		V. To VILO.	d. STREET AD	DRESS	-		e. IS RESIDENCE	Ī
1	OR INSTITUTION	Gill- A	red Ho	110	370	3 FORES	TPARI	Kare	ON A FARM? YES NO]
1	NAME OF DECEASED (Type or print)	LAUR	A FL	Middle		4. DATE OF DEATH	Feb	2	Pay Year 1966	_
S. S	SEX	6. COLOR OR RACE	7. MARRIED NI	EVER MARRIED	B. DATE OF BIRTH	100	9. AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS	5.
	F	W	WIDOWED [DIVORCED [3-12	-1880	85 yrs.	Months Duys	ridors will.	
10a	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. KIND OF	BUSINESS OR INC	OUSTRY 11. BIRTHPLA	CE (State or fareign ca	iuntry)	12. CITIZEN	OF WHAT COUNTRY	13
		STRCS	5 DRESSM	AKING	Not	Known		lu.	5. A	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
E	= dWIN	F. G.R.	e e 1/		EE	WOOLF	ord			
15. (Yes		R IN U. S. ARMED FOR		ECURITY NO. 17.	INFORMANT		Addr	ess		
,	NO	it yes, give not or come or	219-12	0.5310A	Kathle	enm 11	auna	R.VI	7	
П	18. CAUSE OF DEA	TH [Enter only one co	use per line for (o),	(b), and (c).]	1 11	, 0	11	IN CO	TERVAL BETWEEN	Ī
	PART I. DEA	TH WAS CAUSED BY:	Ce	Reben	1 Vusc	ulan 1	4ccile	out !	12 LLCS	
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	Conditions, if an	nv. which)	. A <	TOUD				3000	YEARS)	
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CERTIFICATION		IER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEASE	E CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO	
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCUR	RED. (Enter nature of	injury in Port I or Port	tt of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye			PLACE OF INJURY (H	ome, farm, 20f. (City	or town)	(Count	y) (Stot	e)
MED	Haur a. m. p. m.	19	While Nat	WILLIE	ruciory, sneer, orrice	blug., etc.)				
	21. I certify tha	t (1) (this haspita ed alive an Fel			death accurred	2 1949, to 1	the causes and		that (I) (we) la te stated abave	
	220. SIGNATURE	land "	2 0	uj	M.D. ATTENDING		STAFF PHYS.		22b, DATE SIGNE	D
	22c. PHYSICIAN'S NAME (Type)	NewLand	(E.D)	3/	22d. ADDRES	3-33, 8 1	+ BR	Chance	18/194	1
230	BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 23b. DATE THERE		ME OF CEMETERY			ITON (City, town, o		(State)	
24	FUNERAL DIRECTOR		1966 V	Woodlawn DRESS		25a. REC'D BY REGIST		TRAR'S SIGNAT	URĘ	
W	M. COOK-BRO	oks lowson	TOWSON	U. MARYLA	>	FATEB 7 19	156 Jeli	arles fo	edge	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN
01912	MARYLAND STATE DEPARTMENT OF HEALTH DISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH () 18(
PLACE OF BEATH	11 2 MSHAL RESIDENCE (Where decreased fluid if inclitution: Residence before

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1.	PLACE OF DEATS	H Ltimore			a. STATE	(Where deceased lived, If In:		admission)
			a limits	MARYLANO c. LENGTH OF STAY IN 1b	Marylan	utside corporate limits, w	rita RIJRAL and give near	est town)
33		/N (If outside corporat and give nearest tow	n)	o. ELIVOIR OF STATEM 15			2 - 1	
-	d. NAME OF HO	SPITAL OR INSTITUTIO	M (if not in h	ospital, give street address	Baltimo	re	a. IS RI	ESIDENCE
	531 Ste	venson Lane II Manor No		TT			ON A	FARM?
3.						oveland Avenu		
	NAME OF DECEASED (Type or print)	Nel	rst Llie	Middle A .	Gressitt	OF DEATH Feb. 5	1966 19	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdey)	Months Days Hour	ER 24 HRS.
	Female	White	WIDOWED	DIVORCED _	Oct. 6, 1883	82 yra.		
10a	ing most of work Housew	FION (Give kind of work ling life, even if retired if E	dona 10b. K	IND OF BUSINESS OR NDUSTRY		nty & State, or foreign country nnsylvania	COUNTRY?	AT
13	FATHER'S NAM	IE .			14. MOTHER'S MAIDE	N NAME		
	?	Prenti			Emma	3		
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	1300 505	mit Ave.	
			21	5-30-0581 Mi	rs. John B. L.	ang		
				ine for (a), (b), and (a)	Tierral glans	7.0	INTERVAL E	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE		minoma	10 milos	truses	0,1021 /131	
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	underlying caus		(c)	Terrely				
MEDICAL CERTIFICATION	PART II. OTHER	SIGNIFICANT CONOITIO	INS CONTRIBE	UTING TO DEATH BUT NOT PÉI	ATEO TO THE TERMINAL DI	SEASE CONDITION GIVEN IN		NO
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATHY MEDICAL EXAMI	TH NER)	OESCRIBE HOW INJURY OCC	URREO. (Enter natura of	injury in Part I or Part II o	of Item 18.)	
DICAL		INJURY Month, Day,		faci	ACE OF INJURY (Home, far- lory, street, office bldg., etc	m, 20f. (City or town)	(County)	(Stata)
ME	р.	m. 19	at work	k et work				
			ital) attend	ed the deceased from	ray 60, 19		, 19, that (I)	
		ceased alive on		19, and th	at death occurred at	M, from the causes		ed above.
	22a. SIGNATURE MED. STAFF 22b. DAYE SIGNED M.O. PHYS. OIRECTOR D STAFF 2/7/Co							
	22c. PHYSICIA NAME (T	AN'S ype) M	aul	Byerly	22d. ADDRESS	5myode Re	8 Butto	12/4)
23	BURIAL, CREM	AATION, 23b. DATE	THEREOF	25c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, t	own or county)	(State)
	Buria	2/8/19	966	Woodlawn C	emetem	Woodlawn.	Md.	
24	. FUNERAL OIRI			AODRESS	25a. REC'	D BY REGISTRAR 256. R	REGISTRAR'S SIGNATURE	Lar.
17/	Um. LE	unhore	Alon	wo not this	Pa. DATE FE	B 7 19\$6	Charles Jus	0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath.

> VR A15 (4) 15M 4-64

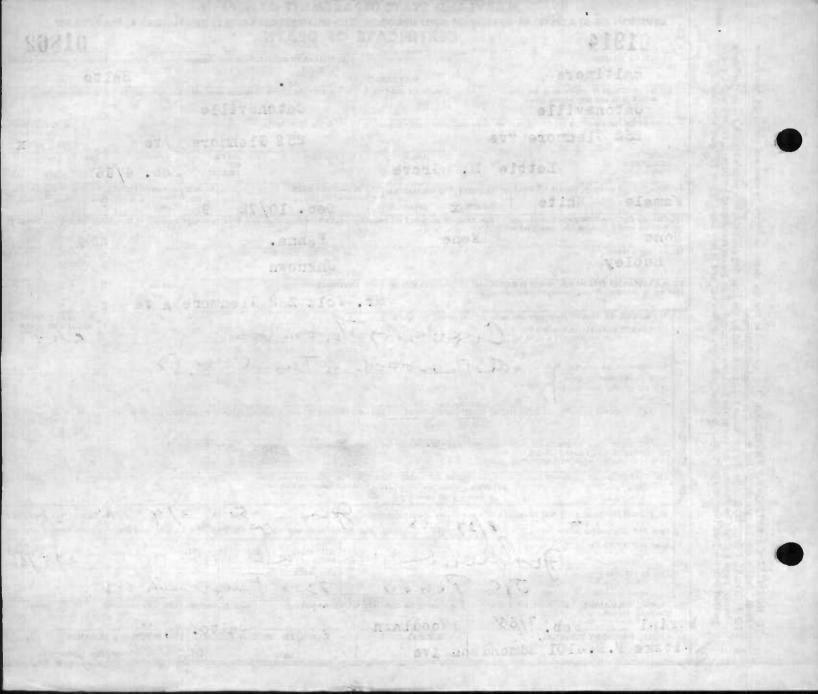
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH U1861

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
ZOITINIOE	a. STATE MARYLAND b. COUNTYBAL	TA
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	D IIAAI	- 25-1
RURAL-RANDAUSTOWN 13 Jun	LONDER PROPERTY AND ALL	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
129 - OLDCOVET RE- 21267	DED COOK LE Konting	YES NO 2
3. NAME OF First Middle	Last 4. DATE Month	Oay Year
	ROVE DEATH Z	1966
5. SEX 6. COLOR OF RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNOER 1 Months	Days Hours Min.
WIOOWED OIVORCED	2/13/76 90 yrs.	Days Hours inn.
10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
during most of working life, even if retired) INOUSTRY Justinghal		UNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	70177
	14. WOTHER S MAIDEN MAME	
Jedings GROVE		
15. WAS DECEASED EVER MU.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	OMPT PL
NO 216-46-5203 WI	FE-MRS. MELEN GROVE RANK	PALLSTOWN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IREMIA		IWEEK.
11 11 11 11		
Conditions, If any, which) OUE TO HYPERTENS	· I all	10YEXRS
gave rise to immediate	10/1	
cause (a), stating the OUE TO		
underlying cause last. (c)		Lan Wan Allyonov
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
ICA		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.))
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT REL 20a. ACCIOENT WAS UNDERLYING CONTRIBUTING TO OESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour a.m. p.m. 19 While Not While at work at work	ory, street, office bldg., etc.)	
	AFC. 12 10/2 - File 10 10/6	La Abet (I) (wa) look
21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last
	at death occurred at 6:15AM, from the causes and on the	AVE SIGNED
22a. SIGNATURE	ATTENOING MEO. STAFF	TE SIGNED
Edus flegme, M.	O. PHYS. DIRECTOR PHYS.	17/66
22C. PHYSICIAN'S NAME (Type) & DILLIAN I DISPOSANT M.	22d. ADORESS	76 161 202 61
EDWIN L. PIERPONT, MIL	a 8204 CIBERTY Rel 13KLI	0.,192, 21207
	Y OR GREMATORY 23d. LOCATION (City, town or cou	unty) (State)
Bureal 2/18/66 Woodlan	on Balts 7	mel
24 FUNERAL OIRECTOR ADDRESS		'S SIGNATURE
Koring Byer 8728 Leberty Md _	- EEB 21 1966 PCharle	Julas.
f J Randallstir	COC OATE & L 1000	- Frank

and the passage of the contract of the contrac STATE OF THE PERSON OF THE PER 2/18/06 (contains discuss The section of the se

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) .. county Baltimore b. COUNTY # 2 th Balto MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL end give neerest town) 24 Catonsville .5 Catonsville Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours 232 Glenmore "ve ON A FARM? 232 Glenmore AVE YES NOT completely papers. NAME OF Middle Last 4. DATE Month Day Yeer 72 DECEASED Lettie OF M. Grove (Type or print) DEATH Feb. ithin 19 ned 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Female last birthdey) Months Deys White Hours WIDOWED TY DIVORCED certificate Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remov physica done during most of working life, even if retired) any None None Penna. USA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 attending Hubley Unknown and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Volz 232 Glenmore the requires that permit. 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c).] physician. INTERVAL BETWEEN as been signed by burial-transit permi ONSET AMD DEATH 0 PART I. DEATH WAS CAUSED BY: **IMMEDIATE CAUSE (e)** cremation, DUE TO attending Conditions, if any, which has been The geve rise to immediate cause DUE TO burial, (e), steting the underlying couse lest. (c) the PHYSICIAN: hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY certificate CERTIFICATION SE 0 PERFORMED? YES NO T USB prior 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING be retained by WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour While Not While ō e.m. et work et work DIRECTOR: p.m State Dept. 99 21. I certify that (I) (this hospital) attended the deceased from..., 196 h, that (I) 3 should19 saw the deceased alive on..... OR may 22m SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. HOSPITAL 4 M.D. FUNERAL page Page with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed \ death. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) مَّ فَ 2 urial Woodlawn REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.D. 4101 Edmondson VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01915			CERT	IFICATE	OF DEAL	П			[1]	863	}
1.		ACE OF DEATH COUNTY	0 1				2. USUAL RESIDE	NCE (Where de		institution: R	Residence before		
			Baltimo			ARYLAND		Maryl	ana		Bal	timo	re
	D.	write RURAL and	outside corporate limits, live nearest town) WKVVVILLE		c. LENGTH OF STA	IT IN ID	c. CITY OR TOWN	Balti		rite KUKAL O	na give neon	est town)	,
-	d.		OR INSTITUTION (If not	in hospital,	give street oddress)		d. STREET ADDRES		more			e. IS RESII ON A F	DENCE
00		7714	Queen Anr	re Dr	ive		7714	Queen	Anne	arive		YES T	NO D
3	D	AME OF ECEASED ype or print) (Charles Firs	M.	Middle	(iroves	4. DAT	7.	Month bruar	y 5th	y Yes	66
S	. SI	male	s. color or race white	7. MARRIED WIDOWED	NEVER MAR	10	DATE OF BIRTH	1907.	9. AGE (In y		nths Doys		Min.
		ISUAL OCCUPATION (Common distribution of working life	Give kind of wark dane even if retired)		IND OF BUSINESS OF	rp.	11. BIRTHPLACE (C	County & State, o	1	у)	12. CITIZEN C	SA WHAT	
1	3.	ATHER'S NAME	Charl	es F.	Groves		14. MOTHER'S MA	IDEN NAME ME	ary R.	Lyne	ch		
1	S. Yes,	MAS DECEASED EVER I	N U.S. ARMED FORCES? f yes give wor ar dotes of	service) 16.	SOCIAL SECURITY NO		of some of the second of the s	J. 9.	roves	Address	Same)	
	_	18. CAUSE OF DEAT	TH (Enter only one cous		r (a), (b), and (c).)			0				ITERVAL BET	
		2000	WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1		ETICU	LUM	CELL	31	+RCO	au A	2	2 11	05
		Canditians, if ony, wrise to immediate o	rouse (a)	(b)	115								
		tating the underly		10									
9	1		IIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEA	SE CONDITION (GIVEN IN PART	1(a)	19	PERFORM	OPSY
O LATE		(CHRONIC	2 2	RONCI	HITI	S					YES	NO Z
CEDTIFICATION		200. ACCIDENT WAS U OR CONTRIBUTING ((IF EITHER, NOTIFY MI	CAUSE OF DEATH	20b. D	ESCRIBE HOW INJUR	OCCURRED. (Enter noture of inju	ury in Port I or	Port II of item	18.)			
MEDICAL	MEDICAL	20c. TIME OF INJUR' Hour a.m. p.m.	Y Manth, Doy, Year 19	20d. While ot was			E OF INJURY (Hame ory, street, office bld		f. (City ar t	own)	(Caunty)		(State)
			that (I) (this has eased alive on F	oital) atter		ed from G, and that	Aug 20 death occurre	4, 1915 7 ed at 8 A	to FE	ouses and	, 19 66, on the do	that (1) (ote stoted	we) lo
	1	22o. SIGNATURE	PAR	W ~ G	rer	M.D	ATTENDING PHYS.	MED. DIRECTO	R STAF	f D	22b. DAJE SIG	SNED 6	
1		22c. PHYSICIAN'S NAME (Type)	LEONARI	PAL	IL BEI	DEED	22d. ADDRES	8100	HAR	FORT	> RX		
2	30.	BURIAL, CREMATION, REMOVAL (Spority)	23b. DATE THE 2/8/	66.	Morela	emetery or of		tery.	LOCATION (Cit		Md. (Coun	ty) (5	itate)
3	1	FUNERAL DIRECTOR	0 0 1 1	7	ADDRESS	111		FEB BY REG	ISTRAR 1968	25b. REGISTE	RAR'S SIGNAT	URE	
111	4	eonard	J. Ruck S	inc 5	ous marg	ford I	load. DAT	F 3	1000	1	Land .	Jung	-

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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01916 CERTIFICAT	E OF DEATH	11854
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
a. COUNTY	a. STATE b. COUNTY	
Baltimore MARYLAND	Maryland Hilegany	and this manual town.
b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL)	and give nearest town)
Mount Wilson 21 days	South Cumberland	01-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Mount WilsonState Hospital	130 Arch St.	YES NO D
3. NAME OF First Middle DECEASED Crops or print) Charles Henry	Last 4. DATE Month DF ROWDEN DEATH 2	Day Year 1966
(O)	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	S-23-96 [ast birthday] Months	Days Hours Min-
		TIZEN OF WHAT
10a. USUAL DCCUPATIDN (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	UNTRY?
Construction worker Textile	Pennsylvania Valler 1	1.5.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Gronden	Hulda Miller	
	INFORMANT Address	
(Yes (no,) or unkown) (If yes give war or dates of service) 214-07-1953 Ho	sp.records, Mt. Wilson St.	Hospital
	spirecords, net witson out	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TIA MOMORY TV	perculosis	2 1/2 mo.
2021		2
Conditions, if any, which \ (b)		
gave rise to immediate		
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Multiple Cerebral Infarcts, Artesics	cleratic Cardio-Vascular disease.	YES NO
20a ACCIDENT WAS INDERLYING 20h DESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTION OF THE STATE O	SINED. (Eliter indexis of injury in the contract of injury in	
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PL/ factor 20d. INJURY OCCURRED 20	ory, street, office bldg., etc.)	
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	1-26-, 1966, to 2-16-196	6_, that (I) (we) last
saw the deceased alive on 2 - 16 - 1966, and tha	t death occurred at 5 50 M, from the causes and on the	ne date stated above.
22a. SIGNATURE	22b. D/	ATE SIGNED
111111	D. PHYS. DIRECTOR PHYS. 2	-17-66
22c. PHYSICIAN'S M. D. S. J. A. D. S. J. A	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	.,
Wm. Newcomer, M.D., Superintenden		
23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER		inty) (State)
REMOVAL (Specify) 7 - 20 7066 Comment Memory		
but Lat.	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.		-
oumse it want better a aumentanta, 110.	DAFEEB 21 1966 Actionle	y judge

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of the second statement in the same

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION O	F STATISTICAL	RESEARCH AND CERT		W. PRESTON	STREET,	BALTIMORE	I, MARYI	AND SB
1.	PLACE OF DEATH 8. COUNTY			2.	USUAL RESIDENCE a. STATE	(Where decease	d lived, If instituted b. CQUNTY		before

01010	
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CQUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Dundalk	Dundalk 21222
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
2 Eastship Road	2 Eastship Road YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) PAUL (NMN) GUNT	ER DEATH February 23rd 19 66
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
male white WIDOWED DIVORCED	Dec. 28. 1913 52 yrs.
.0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR luring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
	Penna. USA
Methods Coordinator Steel Mfgr.	14. MOTHER'S MAIDEN NAME
William Gunter	Margaret Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address
Yes, no, or unkown) (If yes give war or dates of service) No	s. Doris F. Gunter, same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	and theward in Eustant
IMMEDIATE CAUSE (a)	ing Mouters ouslant
DUE TO DUE TO	7 P & & Dance 7 200
Conditions, If any, which gave rise to immediate (b) (b) (b) (c)	where heart wereare I your
cause (a), stating the DUE TD	
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
	YES NO T
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Pert I or Part II of Item 18.)
fact	ACE DF INJURY (Home, farm, cory, street, office bldg., etc.) (City or town) (County) (State)
Hour a.m. D.m. 19 While Not While Fact	or y out out of the analysis of the
21. I certify that (I) (this hospital) attended the deceased from	201 1959 to 5-25, 1966 that (1) (we) las
	at death occurred atM, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
MININON M.	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DAYS. 2/24/66
22c. PHYSICIAN'S	1 22d. ADDRESS
NAME (Type) Wyman K. Wong, M.D.	6901 Dunmanway, Dundalk 21222, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LDCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 2/25/66 Oak Lawn (Cemetery Baltimore Co., Maryland
24. FUNERAL DISECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Walter Brooks Bradley, Inc., Dundall	K.Md. DEEB 28 1966 Clearles Judge
Walter Brooks Bradley, Inc., Dundali	DAIL D GO IDDO I

VR A15 (4) 15M 4-64

were the contraction of the state of the sta

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then nease, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and than event, within 72 hours after regath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01918	CERTIFICATE	OF DEATH		93226
PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If Insti	tution: Residence before admission
Baltimore	MARYLAND	a. STATE Maryle	and b. count	Baltimare
b. CITY OR TOWN (If outside corporate limits, c. LE write BURAL and give nearest town)	ENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, writ	e RURAL and give nearest town
Providence (lowson 4)		Providenc	e (Towson 4	103-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	, give street address)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM?
Providence Methodist (hurch		1310 Provid	ence Road	YES NOX
3. NAME OF First DECEASED	Middle	Last 4	DATE Month	Day Year
(Type or print) William	· Guy	, Dr.	DEATH February	
5. SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED 8			FUNOER 1 YEAR IF UNOER 24 HR
Male White WIDOWED		ov 19, 1888	77 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (Count	ty & State, of foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	nployed	Maryland 14. MOTHER'S MAIDEN	NASSE	LUSA
23. FAITHER'S NAME		14. MUTHER'S MATUEN	NAME	
15 WAS DECEASED EVER MU.S. ARMED FORCES? 16. SOCIA	LSECURITYNO. 17.	INFORMANT	Address	
(Yes, no, or unkown) ((If yes nive war or dates of service)	-	ily records	Addiess	
		og recurs		INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for PART I. OEATH WAS CAUSED BY:	(a), (b), and (c).1	D. f.		ONSET AND OFATH
1 20 IMMEDIATE CAUSE (a) 1/19 d	-concluse 1	marchon		munde
Conditions If any which	er in clarate	whent do	Parl	
gave rise to immediate	101000		400(
cause (a), stating the DUE TO underlying cause last.	-			
	TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 202. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	in Part	to the t	Tua l	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCUP	RRED. (Enter nature of In	Jury in Part I or Part II of	
20a. ACCIOENT WAS UNDERLYING 20b. DESCRI COR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
	ot While at work	y, street, office bldg., etc.)	0	
21. I certify that (I) (this hospital) attended the	-	ext 196	4 to Fer	, 1966, that (i) (we) las
saw the deceased alive on 1/24	19 66, and that	0		nd on the date stated above
22a. SIGNATURE			O OTAFF	22b. DATE SIGNEO
Owned Jelin	7 M.D.		ECTOR PHYS.	2/23/06
22c. PHYSICIAN'S NAME (Type) R. bert t. Lev	y mo	22d. ADDRESS	Meeting and	B/dy
O DEMOVALE (Specify)	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	44 1 1
		metery	Providence, 1	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE

1968

VR AI5 741 20M 1/65

John Burns' Sons, Towson, Maryland

332 Tr and the second PACIFICAL STATES Providence | Conson 's 1310 Enciones med structures (Library Cure) william E. Jun, Su. S. Salaman, M. M. S. 17 188 77 -Ticke - Add the second american had not been been been been been been and to the large to the take acreses allege Soir Land Continued Contin

the total agent course the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

SCHIMUNEK, FUNERAL HOME, BALTIMORE, MARYLAND

	7						111	000	0
1. PLACE DF DEAT	BALTIMORE		MARYLAN	a. STATE	NCE (Where deceased li	ved, If institu b. COUNTY		e before a	dmission)
b. CITY OR TOWN	NN (if outside corporat L and give nearest tow ARD	te limits, n)	c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate i	Imits, write	RURAL end gl	ve neare	st town)
d. NAME OF HO	SPITAL OR INSTITUTIO	ON (If not in he	ospital, give street addr	ess) d. STREET ADDRESS	S			e. IS RES	SIDENCE
	ADMINISTRAT	TION HO	SPITAL	4726 SHAN	ROCK AVENU	E		ON A	FARM?
3. NAME OF DECEASED		rst	Middle	Last	4. DATE	Month	Day	Ye	ar
(Type or print)	RAY	MOND	JOHN	HAGER	DEATH	2	19	19	66
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (1	In years IF Mo	UNDER 1 YEAR Onths Days	Hours	
10a. USUAL OCCUPA during most of work TOW MOTOR	TION (Give kind of work of king life, even if retired ROPERATOR	done 10b. Ki	IND OF BUSINESS OR HOUSTRY DIVISION CO		County & State, or foreign		12. CITIZEN COUNTRY	13	
13. FATHER'S NAM				14. MOTHER'S MA					
GEORGE I	HAGER			ELIZABETH	(WANDERD)	OCH:	SE		
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.		ERANS	Address	HOSP	TTAT.	
YES (Yes, no, or unkown)	(If yes give war or dates of		8-03-01-14	CLIN. RECORDS				TIME	
	DEATH [Enter only one	-		ODING IMPOOING	, III IIViin	תוח פעוות		RVAL BE	TWEEN
	EATH WAS CAUSED BY:	ENT:		HT LOWER LOBE	7			ET AND	
490	IMMEDIATE CAUSE	(4)	Bonorium, Ital	III LOMBIL LODI			- do	AARTEN	
Conditions, If	any, which \								
gave rise to	Immediate	(b)							
cause (a), s underlying cau	stating the	The same							
		(c) ONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISFASE CONDITION	CIVEN IN PAR	RT 1(a) 119.	WAS AL	ITOPSY
HEPAT	ITIS, CHRONI	6 PLYE	LONEPHRITIS,	KIDNEY STONE			YE	PERFOR	
	WAS UNDERLYING DING CAUSE OF DEAT TING CAUSE OF DEAT TIFY MEDICAL EXAMIN	TH VER)	ESCRIBE HOW INJURY (OCCURRED. (Enter nature	of injury in Part 1 or	Part II of It	em 18.)		
Hour e.		While	Not While f	PLACE OF INJURY (Home, actory, street, office bldg.,	farm, 20f. (City or etc.)	town)	(County)	(5	State)
		at work		2/18	1966 to 2/1	0	10.66) 1. P
	ceased alive on 2/		d the deceased from	that death occurred at			19.66 , th	at (I) (v	ve) last
22a. SIGNATU		1 /	/, and	that death occurred at	44 0 JWI, 41 WHI WIE		2b. DATE SI		above.
	Comes	1//	new	M.D. ATTENDING	MED. STA	FF rea	2/19/6		
22c. PHYSICI NAME (T		I MAN	CAO, M.D.	22d. ADDRESS	SPITAL, FOR		RD, MAI		ID
23a. BURIAL, CREM REMOVAL (SO Buria	MATION, 23b. DATE T ecify) 2/23/	HEREOF	CARDENS OF	TERY OR CREMATORY	23d. LOCATION BALTIMO			(St	tate)
24. FUNERAL DIR			ADDRESS		C'D BY REGISTRAR			ATURE	-

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temper carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

SHOW, WAS 21 HOURS - LALTED GREE VARIOUS ADMINISTRATION NOSCIONAL APPE SHARROW AVENUE

EARWAYOU TOUR HARRY

TOW HOTCE OFFICE CAN DIVISION CO. SALTINGE, MAINE, MAINE,

Believe (particular) Proposition YES WE'LL 218-03-01-14 CLTM. RECORDS, WY. PARTEAU

PERCENTAL PROPERTY.

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95/57/ We decrease it sincar, M.D. V.A. HOSPITAL, Fort howen, sadiant

BELAT 30 SHIPAD DONESTE TAKEN PARTY PROUSE HERELING

SECTIONS, COURSE HOUS, CALCINOS, Magazino

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MAKTLAND STATE DEF	AKIMENIUF	MEALIM	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
01920	CERTIFICATE	OF DEATH		01808

a. COUNTY BALTIMORE MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissjon) a. STATE b. COUNTY Maruland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 0 - 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?
	Arlington Park Apts. YES NO X
3. NAME OF FIRST MIDDLE DECEASED	Last 4. DATE Month Oay Year
(Type or print) MERLE F. HAMBURGER	DEATH February 23, 1966 19
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8 Female White WIOOWEO X OIVORCEO	9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Oays Hours Min. 92 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Housewise Home	Phila, Pa. COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11	
Moses Friedenwald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Jane Ahlborn
(Yes, no, or unkown) (If yes give war or dates of service)	Piresville 8, Ma
T T T T T T T T T T T T T T T T T T T	. Isaac Hamburger- 101 Brightside Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLUME CATOR	eary occusion 6 hrs
1 4 201 DUE TO 4	1 1 2
Conditions, If any, which gave rise to immediate (b) / Coulker (all the	Ecosé Cereses aus 30 you
OHE TO	of the 11 Nies 5 was
underlying cause last. (c) arthresceller	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OF BUT NOT RELATED TO SEATH BUT NOT RELATE	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of Injury In Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	E OF INJURY (Home, farm, y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Worl 4, 1963, to 746, 23, 1966, that (1) (we) last
	death occurred at 7 p.M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Vonastloken M.D.	ATTENDING MED. STAFF PHYS. Feb 24, 1966
PHYSICIAN'S NOTE (TYPENAS COHEN	22d. ADORESS 6702 Park Heights Ave.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 2/25/66 Baltimore Hel	
24. FUNERAL DIRECTOR ADORESS	brew Baltimore, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS INC. 6010 Reist Rd.	FEB 28 1966 Icharles Judge
	1 DATE: - 10 1000 1

VR A15 (4) 20M 1/65

Pan essioned Homes, 155 Sindy Pee. "" Assunder Post Yolks. Total Processing Comments of the Comments of t photosistem 191 - rackodnell por 17 . sp. 191 washings ode 6841, 10 mol ____ 10 This Clark STEE PARK HELDINGS JURE harden firstel - Dalliment Reburn Dalliment, Maralland the terrescion appear the ways essential

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 1869 01923

	LACE OF DEAT	H Baltimore		MARYLAI	ND	2. USUAL RESIDEN a. STATE Ma	CE (Where	b	If instit		sidence before	admission)
b	o. CITY OR TOW write RURAL Catons	N (if outside corpora and give nearest tow ville	te limits, (n)	c. LENGTH OF STAY IN		c. CITY OR YOWN (I	f outside (corporate IIml	its, write	RURAL	end give nea	rest town)
- 0			N (if not in h	ospital, give street addi	ress)	d. STREET ADDRESS			1 62		e. IS F	RESIDENCE
		ome, Catons	rille,	Md.		2562 W. Fai	.rm o un	t Ave.			YES	A FARM?
D	NAME OF DECEASED Type or print)	Er	rst nma	Middle C.	Han	Lest milton	4. DAT		Month ebru	ary		Year 9 66
5. S	Female	6. COLOR OR RACE white	WIDOWED		8	Oct. 5, 18	380	last birth	years IF nday) M	UNOER 1	YEAR IF UN Days Hou	
	House		done 10b. k	(IND OF BUSINESS OR NDUSTRY		Baltimo	re		country)	12. CIT	IZEN OF WE JNTRY? U.S.A.	
13.	FATHER'S NAM	E				14. MOTHER'S MAI	DEN NAME				TO LE	
	George B					Mary E.	Brown					
(Yes,	ne, or unkewn)	EVER IN U.S. ARMED FO (If yes give war or dates o 	f service)	SOCIAL SECURITY NO.	Her	bert C. Bow	ers,	506 Sar Glen Bu	Address atog rnie	a Ave	., N.E	E.
8	PART I. DI ## 2 00 Conditions, If gave rise to cause (a), so underlying cause	any, which Immediate tating the DUE	(a) TO (b)	Heart Artario	S	granic (estar: classic	Had	gesti	VE Dis	S.9.2	ONSET AN	171/C
CERTIFICAT	20a. ACCIDENT OR CONTRIBUTI	5/1/201	TH 20b.	DESCRIBE HOW INJURY	4	Stroks	-				19. WAS PERF YES	NUTOPSY ORMED? NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4											
	21. I certif	y that (I) (this hosp	ital) attend	ed the deceased from	n	1/13/04	9, 1	to 2/	OY (919	_, that (I)	(we) last
2	saw the dec 22a. SIGNATUI	ceased alive on	210	half and	M.D.	ATTENDING PHYS.	MED. DIRECTOR	from the ca			e date stat	ed above.
2	22c. PHYSICIA NAME (T)	/pe) W	me (Svath		22d. ADDRESS 1303 F	Frad	wick	Ra	1 (2	12 2	8)
23a.	BURIAL, CREM REMOVAL (Spo Burial	ren.	HEREOF 5,66	23c. NAME OF CEME Western		emetary		LOCATION (C Baltimo	re,	Maryl	and	(State)
24.	FUNERAL DIRE	_		ADDRESS		I I I I I I I I I I I I I I I I I I I	D 7	GISTRAR 25	b. REG	ISTRAR'S		
	G. Trum	an Schwab.	5512 Fm	ederick Arre	Re	1+imate	D	1330	14	Carlo C	D King	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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VR A15 (4)

	MAKTLAND STATE DEPAKTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
01922	CERTIFICATE OF DEATH	01870

1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDER	NCE (Where decea	b, COUN		ence befora	admission)			
1_	Baltimore MARYLAND	a. STATE		BS	LL TO.					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN	(If outside corporate	limits, write	RURAL and giv	a naarast to	wn)			
					0-	2 - 1	711			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	S				RESIDENCE			
3	5719 McCormick Ave.	5719 McC	ormick Av	re.		YES	NO			
13	B. NAME OF First Middle DECEASED	Last	4. DATE OF	Month		у Үе	ar			
) _	(Type or print) EMMA HILDA HARDESTY		DEATH	Febr	ruary	3 19	66			
4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH		GE (In years st birthday)	Months Days		R 24 HRS.			
	Female White WIDOWED T DIVORCED 2	27 December		37 yrs.	months Days	nours	Min.			
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (Co.	unty & State, or fore	ign country)	12. CITIZEN	OF WHAT	COUNTRY			
	at home	Maryla	nd		U. S	S.A.				
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME							
	Thomas Pyle	Lydia	Scarboro	ough						
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT		Address						
		n. P. Hardes	ty, 5719	McCorn	nick Ave	. 212	:06			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0.			11	NTERVAL BE	ETWEEN			
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	demo				241	22			
1	4200 DUETO 0 7- 11	0. 7	. 0							
	Conditions, if any, which \ (b) Conglocus of		4 ruce	les						
	gave rise to immadiate cause (a), stating the underlying DUE TO		~							
	(c) auso last. (c) Urlikosclerotic Heart Descare									
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	NDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY ORMED?			
TEV	Chronic arened					YES	NO N			
NOITACISITASS	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury	in Part I or Part II of	fitem 18.)						
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
3		CE OF INJURY (Homa, far		town)	(County)		(State)			
2	Hour a.m. While Not While factory, street, office bldg., etc.)									
	21. I certify that (I) (this hospital) altended the deceased from		10.57 to	2/3	, 19.6.6,	that (I)	(ma) lac			
	saw the deceased alive on 2.3 19.66, and that	11	2							
	22a. /SIGNATURE				310 011 1110 0		b. DATE			
	Tout & mueller	D. ATTENDING		STAFF PHYS.		0/3/1	SIGNED			
	22c. PHYSICIAN'S	22d. ADDRESS	1 1	^	4	1210				
	NAME (Type) Paul G. NXXXXX Mueller	6411 Be	clair Ka	1 Be	llemore	n	id.			
2	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATIO	ON (City, tow	vn or county)	(:	State)			
	burial 7 Feb 66 Baltimore Ce	emeterv	Baltim	ore. M	Id.					
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1	C'D BY REGISTRAL			ATURE				
	Ullrich Funeral Home, Baltimore, Md.	DATE	B 1 0 196	6 /	rarles }	udge				

01922 052T(1 Market and the second supplied that the second

MARYLAND STATE DES

MENT OF HEALTH

HTARE TO BEAUTIFIED STREET OF PEACH 22 years THE THE SHEET ISS DA LE TRANSPORTE PERRAN BANDING YEAR -10 West 29,1925 40 SCHOOLS CORRES OF SCHOOL OF THE CORRESPONDED FOR TH SWELTHON AND THE WAS C43-30-1074 State Tolker Talker 321 Trik State ACTOR TO THE THE PROPERTY PARTY AND ACTOR OF THE PARTY ASSESSED. THE MISSISSE TOTAL TITLE SHEET SHEET AND A SECOND OF THE ACCOUNT O

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death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. CQUNTY a. STATEb. COUNTY the f er. MARYLAND b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY Page oon papers. Pag within 72 hours write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 0 etely bon 3. NAME OF First DATE Month Middle Last DECEASED OF and compler remove carb (Type or print) DEATH SEX 6. COLOR OR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED V DIVORCED .= 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) sician lease r and in during most of working life, even if retired) INDUSTRY nding physic Then ples removal, ar MQTHER'S MAIDEN NAME 13. FATHER'S NAME by the attending pansit permit. Then remation, or remova euro 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) | (If yes give war or dates of service) alione has been signed by the e as the burial-transit p harior to burial, cremating 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO NEMIA Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the OF underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use r this certificate I detached for use te Dept, of Health 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defined with the State Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from P. M. from the causes and on the date stated above. and that death occurred at_ saw the deceased alive on 22a. SIGNATURE page ATTENDING MFD. M.D. PHYS DIRECTOR PHYS. director, pa 22d. ADDRESS PHYSICIAN'S NAME (Type) ER 36 6 NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23c. REMOVAL (Specify)

ADDRESS

30

mace ave

law requires that the or attending physician. the hospital PHYSICIAN: retained 4 may

> VR A15 (4) 20M 1/65

FUNERAL DIRECTOR

LOCATION (City, town or county)

REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b.

e. IS RESIDENCE

YES

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

ON A FARM?

Year

19 66

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

66

(State)

PERFORMED? NO T

YES

(County)

22b. DATE SIGNED

NO V

ATOM REDGE NURSING HOLL D HANNS STANH mings wang anamad HIND SEVERE ANAMIA THE PERADLE C.A. DE RECTUM AND THE STATE OF T Grand Valle Covers WHILL CESAR UNLLE CAUERO SOLY LIBERTY RA



ban papers. Pages 1 and 2 within 72 haurs after death. elely filled in by the funeral

	MAI Division of STATISTICAL RESEARCH		PARTMENT OF HEALTH W. PRESTON STREET, BA		ID 21201
	01925	CERTIFICATE	OF DEATH		01873
	PLACE OF DEATH O. COUNTY BaltimorE	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Mary)	and b. COUNTY	Baltimore
	write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURAL	03-1
	d. NAME DF HOSPITAL OR INSTITUTION (If not in hospitol, give s		d. STREET ADDRESS North	wood Dr	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ANNA	may b	ledrick of DE	ATH Feb	110
S.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED W	HETER HOSPITTE	March 18,1881	7. 1102 1111 10010	Onths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUST	OF BUSINESS OR TRY	11. BIRTHPLACE (County & Stote,		12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME William Craumer		14. MOTHER'S MAIDEN NAME	CE	
15. (Ye	and an university (If the site was as dates of service)		FORMANT LICE Kraw	Address 3 No.	orthwood Dr
	18. CAUSE OF DEATH (Enter only one couse per line for (o), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), and (c).) war cossati	on (old o	ge)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a),	age (84			
	stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	CATH BUIL NOT BELATED TO T	HE TEDMINAL DISEASE CONDITION	CIVEN IN DAPT 1(a)	I 19. WAS AUTOPSY
CERTIFICATION	The State of the Piles of the				PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port t o		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. INJUR' While of work	Not While focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	Of. (City or town)	(County) (State)

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and come director, page 3 shauld be detached for use as the burial-transit permit. Then please remove shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any events. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

saw the deceased alive an. 220. SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS 2-04

MED. DIRECTOR X

2So.

23d. LOCATION (City or Town)

from 2-26, 1966, to 19 , 19 , that (1) (we) last and that death accurred at 3:42 PM, from causes and on the date stated above.

22b. DATE SIGNED STAFF PHYS.

BREMOYAL (TPECIFY) 230.

23b. DATE THEREOF March 1, 1966

AMES

21. I certify that (I) (this hospital) attended the deceased fram

23c. NAME OF CEMETERY OR CREMATORY Poplar Grove Cemetery

Baltimore Co., Maryland REC'D BY REGISTRAR

(County) (Stote)

26-66

that (I) (we) last

24. FUNERAL DIRECTOR
Wm. Cook_Brooks Towson,

22c. PHYSICIAN'S NAME (Type)

1050 York Road Towson 4, Maryland

1966 DATE R

THE REPORT OF THE PROPERTY OF EXSLU PERSONAL PROPERTY OF THE PROPE Shanning the state of the state of the state of

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please replaye carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please replaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and in a second with the State Dept. of Health prior to burial, cremation, or removal, and it is a second with the State Dept. of Health prior to burial, cremation, or removal, and it is a second with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01320			CERTIFICA	TE	OF DEATH				1) 15	74	
1.	PLACE OF OEATI	Н			11	2. USUAL RESIDENC	E (Where	deceased lived, If ins	titution: f	Residence	before admission)
	a. COUNTY	ALTIMORE		MARYLANI		a. STATE MAF	RYLAN	D b. cour	BA	LTIN	ORE	
	b. CITY OR TOW	N (if outside corporate lim and give nearest town)	its, c.	LENGTH OF STAY IN		c. CITY OR TOWN (If	outside	corporate limits, wr	ite RURAL	and gly	e nearest town))
	LANSDOW				TA	NSDOWNE				03	- /	
	d. NAME OF HO	SPITAL OR INSTITUTION (if	ot in hospit	tal, give street addre	ss)	d. STREET ADDRESS				6	. IS RESIDENCE ON A FARM?	-
	167 STA	FFORD STREET	212	27		167 STAFE	FORD	STREET 2	1227	1	ES NOX	
3.	NAME OF OECEASEO	First		Middle		Last	4. DA			Oay	Year	-
	(Type or print)	ANNA		M.	HE	INZERLING	OF OE	ATH 2	20		19 66	
5.	SEX	6. COLOR OR RACE 7. M	ARRIED	NEVER MARRIED	8.				IF UNOER		IF UNDER 24 HRS	*
F	FEMALE	WHITE WI	DOWEO XX	DIVORCED	1 1	0/8/1879	20	86 yrs.	Months	Days	Hours Min.	
		TION (Give kind of work done lng life, even if retired)	10b. KINO	OF BUSINESS OR		11. BIRTHPLACE (Co	unty & St	ate, or foreign country		ITIZEN	OF WHAT	
	USEWIFE		,,,,,,,			MARYLAN	1D			S.A.		
13.	FATHER'S NAM	IE .				14. MOTHER'S MAIO						
		UNKNOWN		X	N	UNKNOWN						
		EVER IN U.S. ARMEO FORCES (If yes give war or dates of service		IAL SECURITY NO.	17. 11	NFORMANT		Addre	SS			
	NO			M	ARG	ARET M. THI	ELE.	167 STAF	FORD	ST	21227	
		OEATH [Enter only one cause	e per line f		10					INTE	RVAL BETWEEN ET ANO DEATH	
	PART I. DE	EATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	Cer	elral 1/4	u	onlysis	_			1	day	
	332)	DUE TO				Eriescle					. /	
	Cenditions, If		Cere	eral a	N	enercle	un	R		_	- year	1.
	gave rise to cause (a), si	OHE TO										
_	underlying caus	1 (0)										-
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING	G TO OEATH BUT NOT F	RELATI	EO TO THE TERMINAL D	ISEASE C	ONOITION GIVEN IN	PART 1(a)	19. YE	WAS AUTOPSY PERFORMEO? S NO	1
TIFI	20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCUR	RED. (Enter nature of	Injury Ir	Part I or Part II o	f Item 18	3.)		-
CER	OR CONTRIBUTI	WAS UNOERLYING ING CAUSE OF OEATH TIFY MEDICAL EXAMINER)										
CAL	20c. TIME OF	INJURY Month, Day, Year	20d. INJUR	RY OCCURRED 20e.	PLACE	OF INJURY (Home, fai	rm, 201	f. (City or town)	(Co	unty)	(State)	-
MEDICAL	Hour a.r		While at work	Not While at work	actory	, street, office bldg., et	ic.)					
2		y that (I) (this hospital)			9	1412 18 10	14	to 2-19	196	6 th	at (I) (we) las	t
		ceased alive on 2	19		164	leath occurred at 3	- 1	from the causes				
	22a. SIGNATU		2. 6	Q.						AFE SIG		-
Н	fore	un P. M	ver	· A	M.D.		MEO. DIRECTOR	STAFF PHYS.	24	21/	66	
	22c. PHYSICIA NAME (T)	JOHN	P. URL	OCK, In		22d. ADDRESS 122	7 WA	SHINGTON E	OULE	VARD		
23a	. BURIAL, CREM	MATION, 23b. OATE THERE	OF 23	BC. NAME OF CEMET	TERY (DR CREMATORY	23d.	LOCATION (CIty, to	own or co	unty)	(State)	Ξ
	REMOVAL (Spe BURTAL	2/22/66		VESTERN CEN	1ET	ERY	B	ALTIMORE,		MARY	LAND	
	FUNERAL DIRE			ADDRESS				EGISTRAR 25b. R	EGISTRAR	'S SIGN	ATURE	_
HU	BBARD FU	NE RAL HOME, 41	07 WII	LKENS AVE.	21	229 OATE B	23	1966 200	saylo	0	1.0	

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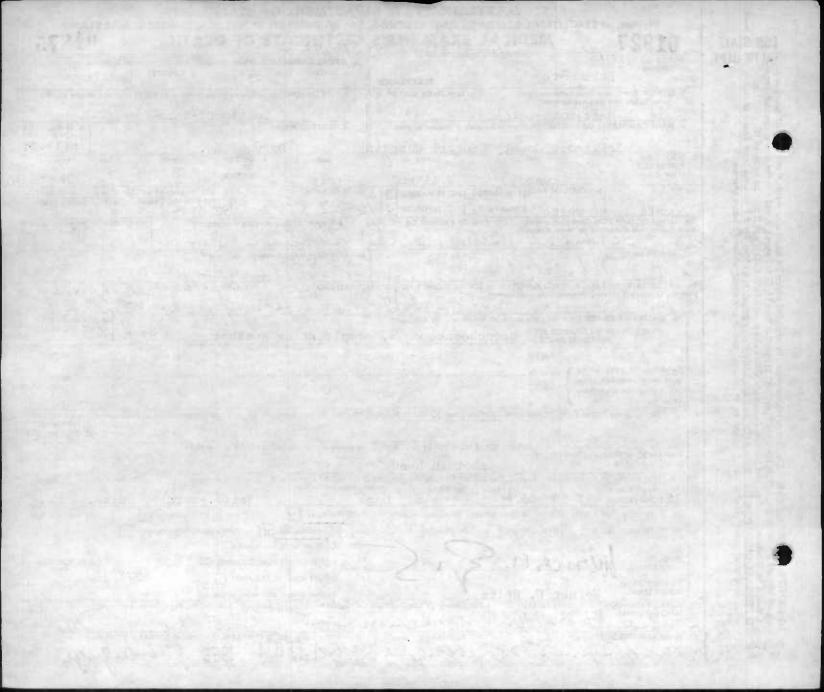
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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINER 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY necessary, ector. Page Health, e. STATE b. COUNTY Baltimore Baltimore Maryland files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) director. write RURAL and give nearest town) 50 Baltimore-rural Baltimore-rural for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained ne State B 3 to the fune Baltimore County General Hospital Dogwood Rd. YES NO death. 3. NAME OF 1 met DATE Month Year DECEASED OF the (Type or print) DEATH Edward William Henry 19 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with 2, and 5 may de 2 will hours last birthday) Months Deys Hours WIDOWED DIVORCED white male 24 hours after 10e. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY & 11. AACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Give Pages I. rrm PM3 Page File pages Fig. ann 13. FATHER'S NAM MOTHER'S MALDEN NAME form WAS DECEASED EVER IN U.S. ARMED PORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT in Item 18. permit. (Ves, no) or unkown) | (If yes give wer or detes of service) with any mara 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Office along burial-transit .0 Bronchopneumonia, complicating gunshot wound of head I. DEATH WAS CAUSED BY: pue in pencil IMMEDIATE CAUSE (a) should be DUE TO removal. Conditions, if eny, which (b) "pending" geve rise to immediate cause 10 S DUE TO (e), steting the underlying 88 Medical Examiner 10 pesn cause lest cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2 PERFORMED? writing the word YES X NO To plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) of the Ch. PRIMARY XI or CONTRIBUTING I ICAL EXAMINER: CAUSE OF DEATH. shot in head 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While prior 19 1965 et work el work home Balto - rural Balto. Md. the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded DIRECT agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER TX DATE SIGNED SIGNATURE DEPUTY 2/1/66 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Werner U. Spitz Address (Street, city, town, or county) i s 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 6 0 Q40 FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay beass please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur director. Page 4 should be forwarded to the Chief Medical Examiner's Office afong with form PM3. Page 5 may retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after defined.

VR AISME (5) 5M 1/65

2/18/	MAR Division of STATISTICAL RESI	YLAND STATE DEF	PARTMENT OF HEALTH	IMORE 1, MARYLANI
FOR STATE LEALTH DEPT.		L EXAMINER'S	CERTIFICATE OF DEAT	
	1. PLACE OF BEATH Ballening	MARYLAND	2. USUAL RESIDENCE (Where deceased live e. STATE	b. COUNTY Balto.
ssary, neral ny be ment eath.	b. CITY OR TOWN (if outside corporate limits, write RUPAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete li	mits, write RURAL end give n

	8. COUNTY Ballering MARYLAND	e. STATE de b. COUNTY Balto.
	b. CITY OR TOWN (if outside corporate limits, write RUPAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Rural Baltimore
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8 3 50 Richards Crash Rel	8350 Ridgely Oak Rd. 8. IS RESIDENCE DN A FARM? YES \(\subseteq \text{NO} \(\subsetext{X} \)
	3. NAME OF DECEASED (Type or print) JOHN MIDDLE Y HE	Last OF DEATH DOT Day Yeer 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 27/Vov/19 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Wyrs. Wyrs. Min. Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leamfitter	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
	John Henshaw Sr.	14. MOTHER'S MAIDEN NAME Rose Glock
	(Yes, no, or unknwn) (If yes give war or dates of service)	rs. Marie Henshaw (Same)
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	iche Ciercles vosselen ONSET AND DEATH
	Conditions, if any, which DUE TO	3-16,
	geve rise to immediate ceuse (e), stating the underlying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED7 YES NO
2	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nuture of injury in Part I or Pert II of Item 18.)
		ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) pry, street, office bidg., etc.)
	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident , Su	icide, Homicide, Undetermined manner
	ACTUAL SIGNATURE STAN Co File	CHIEF MEDICAL EXAMINER
1	EXAMINER'S NAME (Type) SO 1-1-1	Address (Street, city, town, or county)
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. "NAME OF CEMETER" BURIAL (Specify) 2/7/66. Glen Haven (Cemetery Baltimore, Md.
100	Leonard J. Ruck Inc. Balto. Md. 21.	274 DATE B 7 1966 Holianles Judge

To the state of t 270-7 - Janie Harie Hereite Pienet housed 2/1/our good har and granage Leonard J. vacil but, indico, "al. 77274

01929 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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The state of the s					
1. PLACE OF BAIT	DEATH imore	MARYLAND	2. USUAL RESIDENCE a. STATE Mary	b. 0	itution: Residence before odmissian) OUNTY Baltimore
	R TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
Write Day 1	timore City Tows	ion	Balt.	imore bitty/ 2	1234
	OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	Line C Ozey	l e. IS RESIDENCE
	Joseph's Hospital			Harford Rd.	ON A FARM? YES NO K
3. NAME OF DECEASED (Type or	Virgini	Middle a Hitchcock	Last		eb. 6, Day Year
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 7	920 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Fem	11111111	DOWED DIVORCED	March 9, 1	578 45 lost bishighty	
	CCUPATION (Give kind of work done of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Ho	memaker	Mooriki	Baltimore	, Md.	U.S.A.
13. FATHER'S			14. MOTHER'S MAIDEN	NAME	
	Walter R. Gill	ert	Baanche	2 Kirkpatri	ck
15. WAS DEC	EASED EVER IN U.S. ARMED FORCES? (knawn) (If yes give war or dates of servi	16. SOCIAL SECURITY NO. 17.	INFORMANT	Ac	ldress
(103, 110, 010	(10 yes give war or dates or servi	214031789	bonald J.	Smith- 9807	Harford Rd. 21234
18. CAL	JSE OF DEATH (Enter anly one couse per	line for (a) (b), and (c).)	/ //	1	INTERVAL BETWEEN
PA	RT I. DEATH WAS CAUSED BY:	arebra	Hem	raperg	ONSET AND DEATH
4	42 X DUE TO	77.1-1	/	47	Phi 1-
	ns, if any, which gave) (b)	An Selen	trace /	acres -	Renal Infat
	m mediate couse (a), DUE TO	////	0	0	
lost.	(c)	11/1/20	culor	- Well	ecl
PART II.	OTHER SIGNIFICANT CONDITIONS CONTRI	SUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
PRIMAR CAUSE O	TERNAL CAUSE WAS Y □ or CONTRIBUTING □ F DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Port II of item 18.)	
20c. TIA	ME OF INJURY Month, Doy, Year Hour a.m.		ACE OF INJURY (Home, for		(County) (Stote)
WE	p.m. 19	While Not While to	clary, street, affice blag., etc.	1	
21.	I certify that I took charge of	the remoins described abave, h	ield an Autopsy .	Inspection Ir	nguiry , and in my opinion
	th resulted from:/ Natural cou		icide Homicide		, , , , , , , , , , , , , , , , , , , ,
	1611 0	120	CHIEF MEDICAL		
ACTUAL SIGNAT		The ounel	M.D. ASSISTANT MEI	DICAL EXAMINER	22: DATE SIGNED
EXAMIN	IFNIC		DEPUTY MEDIC	AL EXAMINER	2/1/1
NAME (Type) Charles F. O'	Donnell, M.D.	Address (Stree	et, city, tawn, or county)	16/66
230. BURIAL		23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or	Town) (County) (Stote)
ouri		Loudon Par	k Cemetery	Baltimor	e. Md.
24. FUNERA	100	ADDRESS	250. RIO	D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
Leon	rard I. Ruck In	c Baltimore. M	d. DATE	8 1966	Elianles Judge

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TO A LOT TO THE PROPERTY OF THE PARTY OF THE

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FOR STATE HEALTH DEPT.

22 Jours after death. O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 10 DEPUTY MED please execute

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1010
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: R o. STATE Maryland b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits. c ENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give neerest town)
write RURAL end give nearest town) Fort Howard	Baltimore	30-4
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	2228 Eutaw Place	YES NO X
. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) FRED E. KK.	HOFFMAN, JR. DEATH February	10 1966
Male 6. COLOR OR RACE 7. MARRIED NEVER M	8. DATE OF BIRTH 9. AGE (In years IFUNDER lest birthday) 3/14/27 3/29/38 yrs.	Days Hours Min.
Da. USUAL OCCUPATION (Give kind of workdone aring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Stete or foreign country) 12. CC	ITIZEN OF WHAT
MEAT CUTTER ACME STORES		S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRED E. HOFFMAN, SR.	GLENNIE LEWIS	
	INFORMANT Address	
	RL L. HOFFMAN - BROTHER	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).]	AL D. INTITUM DIAVITER	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Infection of Brain	and Meninges	ONSET AND DEATH
92/		
Conditions, if eny, which) DUE TO (b) Shotgun Wound of H	load	
geve rise to immediate f	leau.	
ceuse (e), stating the DUE TO		100
underlying ceuse last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
		PERFDRMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	YES X ND
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO STATE BUT NOT RE		•
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
8:15 XXXXX 12/24 1965 at work Not While at work	ry, street, office bldg., etc.) House Baltimore	Md.
21. I certify that I took charge of the remains described above, hel	ld an Autopsy X, Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes . Accident . Sui	icide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE Charles & letty.	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED 2/10/66
EXAMINER'S Charles S. Petty, M.D.	Address (Street, city, town, or county)	_, _, _,
3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)
BURIAL 2/11/66 WEST LAWN CEM	ETERY ELIZABETH CITY,	NORTH CAROL
4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
IRBARD FINERAL HOME 4107 WILKENS AVENUE	#29 DAFEB 15 1966 Clarle	Indae

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THE RESERVE OF THE PARTY OF THE A CONTRACTOR OF THE PROPERTY O TABLE THE SAME AND ADDRESS OF THE PARTY OF T twice lead to be a real for the late of th

funeral and 2 death. hours after death by the fi Pages 1 urs after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then blease remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours executed within that the death certificate be **10 HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. county Baltimore Balto. a. STATE Ma. MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Catons VIIIe c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH DF STAY IN 1b Catonsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? Overbrook Rd. 3 Overbrook Rd NAME OF DATE 3. Middle Month Year DECEASED 5 66 Feb. E. Holland. DEATH (Type or print) Howard 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH **NEVER MARRIED** last birthday) White Months Days Hours Male Feb. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) Holland Mfg 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Conn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown -----Holland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 212 03 7975 Address Zone 17. INFORMANT Overbrook Rd. Mrs. Mable Holland. 3 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 55 to. 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at Zioo AM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNED 22a. MED. DIRECTOR ATTENDING STAFF PHYS M.D. PHYS. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 23b.

BENOVAL (Specify)

BURIAL (State) DATÉ THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Woodlawn eb Balto. 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR Edmondson Ave

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apletely filled in by the funeral papers. Pages 1 and 2 should thin 24 hours after completely The law requires that the death certificate be executed pou and death. Page. As be retained by the hospital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please remove the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04020 CEPTIFICATE OF DEATH

	01932			CERTIFI	CAT	E OF DEATI	H				011	082
1,	PLACE OF DEAT	Baltimo	re	MARYL	a ND	2. USUAL RESIDENCE •. STATE	CE (Where d	eceased lived, If b. COUN			i mor	
	b. CITY OR TOWN	(if outside corporate limited give neerest town))s,	c. LENGTH OF STAY		c. CITY OR TOWN (II	e f outside corp	porate limits, write	RURAL end			-
_	Woodl						dlawn			0	3 -	-/_
		lifton Av	e.,	itel, give street eddres	is)	d. STREET ADDRESS	ften	A			ON	A FARM?
3.	NAME OF	First	.,	Middle		5323 Cl:	ifton	Ave.,		Dey	Yes	КОИ
	(Type or print)	Minn	ie	E.	Но:	lsinger	OF DEATH	Feb) .	7,	196	56
5.	SEX	6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1		IF UNDER	24 HRS.
	Female	W.	WIDOWED		II AT	ug.28,1876		89 yrs.	Months D	eys	Hours	Min.
10 de	Housewi	NON (Give kind of work orking life, even if retire	d) 10b. Kin	ID OF BUSINESS OR I	NDUSTRY	Va.	y & Stete, or	foreign country)			.A.	OUNTRY?
13	FATHER'S NAME					14. MOTHER'S MAIDEN						
**		an Mason				Sarah (C. Ri					
	no, or unkown) (/ER IN U.S. ARMED FOR lfyesgive werordetesofs	ervice)	OCIAL SECURITY NO		ville A. H	olsin	ger 532	23 Cl:	ift	on A	lve.
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CERTIFICATION	PART II. OTHE					T RELATED TO THE TERMIN			EN IN PART		PERFO	NO
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESC	RIBE HOW INJURY O	CCURED.	(Enter neture of injury In P	ert I or Pert I	l of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Day, Yes	2Dd. IN While at work	Not While		CE OF INJURY (Home, farm try, street, office bldg., etc.)		y or town)	(Coun	ly)		(Stete)
		that (I) (this hospit sed alive on.2	7//			death occured at			a.b, 19 and on th		, , ,	
	220. SIGNATURE	8. Fin	al		М.	D. PHYS. D	NED.	STAFF PHYS.		2	866	. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type	HARRY	8.	GimBi	EL	22d. ADDRESS	- Ed	hmds	in A	W	129	/w
	REMOVAL (Specify	2-10-19		Woodlaw		OR CREMATORY		odlawn			Md	tete)
100	11227 0	Z-10-1	700	MOOUTAN	LLV		840	OUTCAMII	9		1.70	-

TO HOSPITAL VR A15 (4) 1SM 7/61

ATTENDING



DIRECTOR'S SIGNATUR

DATE B 1 1 1000 25b. REGISTRAR'S SIGNATURE

ADDRESS 3207 W.North Ave 1966

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may be retained to the hazpital or attending physician. Yellow the filed with poge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poges 1 and 2 shauld be filed with the registrar prior to burial, are moved, and in any event within 72 hours after death. after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01933	•		CERTIFI	CAT	E OF DEAT	Н		Reg. D	Dist. No	.01	881
1. PLACE OF DEATH o. COUNTY	Baltimor	е	MARYLAN		o. STATE Mary.		d lived. If institution b. COUNTY		timo		ion)
b. CITY OR TOWN (III RURAL ond give ne		ls, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (III	-	prote limits, write R	URAL ond	give ne	arest lowr	- /
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	C. C. C.			d. STREET ADDRESS	Forre	st Road			ON A	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii J	osepl	Middle n F.	***	loss Horak	4. DATE OF DEATH	Man 2		De 1		Yeor 19 66
5. SEX Male	6. COLOR OR RACE White	7. MARK	RIED NEVER MARRIED ED DIVORCED		9-9-1946		9. AGE (In years last birthday) yrs.	Months Months		Hours	Min.
100. USUAL OCCUPATION during most of work	king life, even if retired	done 10b.	None	NDUSTRY	Baltimo:	100	**		U.S.		COUNTR
13. FATHER'S NAME	Fredrick	Hora	k	1	4. MOTHER'S MAIDEN	NAME	Grace				
1\$. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s		None	7. INFO	Fredrick H	orak 1	Add 820 Forre		oad	#34	
Conditions, if or gave rise to in couse (o), stoting lying couse last.	the under-	The Hi	stro-intesti is boy devel s brain was lked, and had weighed abo contributing to DEATH	oped so d no ut 2	meningiti amaged tha mentality 0 lbs.	s when the n whatso	9 months ever walk ever.At a	ed,	9,	PERFC	AUTOPSY PRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	n Port I or Por	rt II of item 1B.)			YES 🗌	№ 🖪
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED 204 Not while k of work	e. PLACE factory	OF INJURY (Home, fai , street, office bldg., e	rm, 20f. (Cit	y or tawn)		(County)		(State
actual signature	WIT		ed from 1946 ,, and that de	eath o	. 4508 Har	M, from Address (S	m the causes of treet, city or town,	and on	the do	ate state	ed abay
220. BURIAL, CREMATIO REMOVAL (Specify)			20c. NAME OF CEMETER		Baltimor REMATORY ial emete	22d. LOCA	TION (City, town,)	(Stat	e)
23. FUNERAL DIRECTOR	S SIGNATURE	Hon	ADDRESS 24NIBD	-	24a. REI	B 15	0.0	1	0 0	re	

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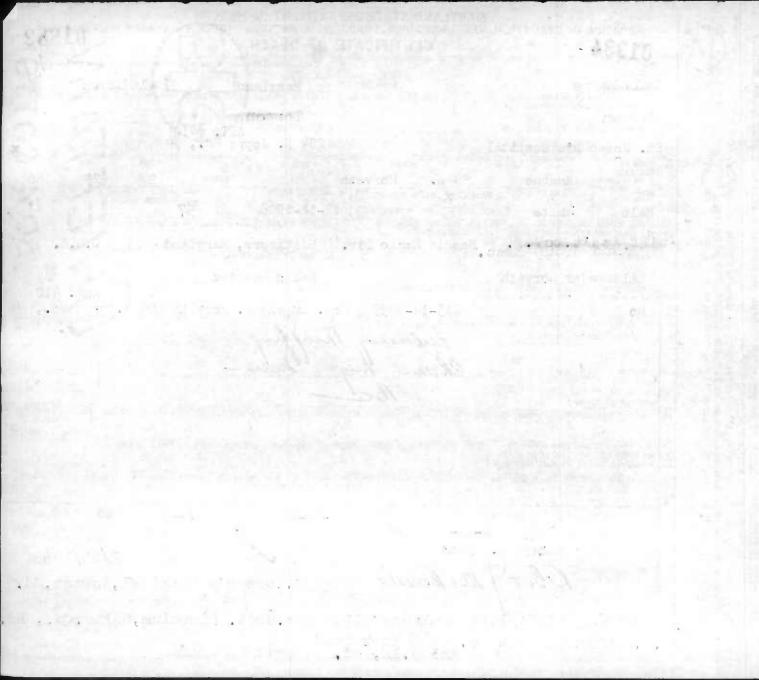
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove section papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

lived, If Institution: Residence before admission) b. COUNTY Baltimore e limits, write RURAL end give nearest town) O
b. COUNTY Baltimore e limits, write RURAL end give nearest town) O
Month Day Year 2 25 1966 (In years IFUNDER 1 YEAR IFUNDER 24 HRS. birthday) Months Days Hours Min. 7 yrs. 12. CITIZEN OF WHAT COUNTRY?
Month Day Year 2 25 1966 [In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Min. Min. Tours Min. Min.
Month Day Year 2 25 1966 (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Min. Min. Min. Min. COUNTRY?
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reign country) 12. CITIZEN OF WHAT COUNTRY?
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and U.S.A.
Address Apt. 410
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PERFORMED?
or Part II of Item 18.)
or town) (County) (State)
OF 2066 that IN (wa) look
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2/25/1966
ospital, Towson, Md.
ON (City, town or county) (State)
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TO HOSPITAL



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Division of STATI

MARYLAND STATE DEPARTMENT OF HEALTH

STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1110

1	01936	N.	/EDICA	L EXAMINER'	S CERTIFIC	ATE O	F DEA	ATH	()	1884	
Δ.	PLACE OF DEAT 8. COUNTY	H BALTIMORE		MARYLAN	a. STATE	DENCE (Who		lived, If insti b. COUNT		ce before admission	n)
	Ra	/N (if outside corpor and give nearest to ndallstown	1	c. LENGTH OF STAY IN	1b c. CITY OR TOW	/N (If outside Randal			a RURAL end a	elve neerast town	n)
				nospitel, give street addre	d. STREET ADDR	d. STREET ADDRESS e. IS RESIDENC ON A FARM? BOX 148 01d Court Rd.					
3.		more Count	First		II.					YES NO	<u>]</u>
٥.	DECEASED (Type or print)	ALVI		Middle E HUGHES	Last	0	DATE DEATH	Month 2-9-66	De		
5.	SEX	6. COLOR OR RACE		NEVER MARRIEO	7 8. DATE OF BIRTH		19. AGE	(In years 1)	FUNOER 1 YEA	19 R IIF UNOER 24 HR	₹\$.
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10 du	THIS HOSE OF WORK	ing lite, even it retil	red) / I	KINO OF BUSINESS OR	11. BIRTHPLAC		foreign co	ountry)	12. CITIZEN COUNTR	Y?	
13	. FATHER'S NAM	9 2 C 2	W6	aw mice	Va.		MF		U.S.	A	_
	Rol	bert L. Hu	ghes			C. C.					
	. WAS DECEASED	EVER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Address			-
(1	es, no, or unkown)	(If yes give war or date:		2-50-8666	Allie C. Ha	ulthes	Drape	er. N.	C.		
		eny, which immediate to the first the DU	Y: E (e) Hem	line for (a), (b), end (c).1 norrhagic sho eration of 1		arter	У.		INT	ERVAL BETWEEN SET AND DEATH	
CERTIFICATION			IONS CONTRIB	UTING TO DEATH BUT NOT					Y	WAS AUTOPSY PERFORMEO?	7
CERTIF	20a. EXTERNAL PRIMARY 1 or CAUSE OF DEAT	CONTRIBUTING	20b.	Apparently							
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	death result ACTUAL SIGNATURE EXAMINER'S	ed from: Natur	al causes [nains described above, Accident A Lecker, M.D.	Suicide , Hou CHIEF MEI	micide DICAL EXAM F MEDICAL E EDICAL EXA	INER EXAMINER MINER		nanner 🔲	d in my opinio DATE SIGNED -66	
23	a. BURIAL, CREM REMOVAL (Spo		THEREOF 2,1966	23c. NAME OF CEME Hughes Fa				ON (CIty, tow	n or county)	(Steta)	=
24	. FUNERAL DIRE	RYERS A	728 Tib	ADDRESS Road		REC'D BY			ISTRAR'S SIG		

Randallstown, Md.

VR ALSME (5) 1/65

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Robert . dredon

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Alie C. Clifton

No --- 0,2-50-2555 Alle C. Ingines Drucer, N. C.

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executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE O	F DEATH		tem o Film	63	2. USUAL RESIDEN	ICE (Where dece	ased lived, If institu	utlon: Resid	dence before admission)
a. COUN	Baltimore	56.00			a. STATE		b. COUNTY		
h CITY	OR TOWN (if outside		MARYI		Marylan	d cutcide corp	DAL U	imore	d give nearest town)
write	RURAL and give nea	rest town)	C. LENGIH OF STAT	IN ID			orate minus, write	KUKAL alik	d Risa nearest town)
	atonsville				Woodlaw				03-1
d. NAME	E OF HOSPITAL OR IN	SITIUTION (if not in	hospital, give street as	ddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
			n the Pines		9 North	land Ro			YES NO
3. NAME O	F ED	First	Middle		Last	4. DATE OF	Month		Day Year
(Type or	print)	Stella	Jeannette		Hughes	DEATH	Februar		
5. SEX	6. COLOR O	R RACE 7. MARRIE	D NEVER MARRIE		. DATE OF BIRTH	874 9.	AGE (In years IF last birthday)	UNDER 1 Y	EAR IF UNDER 24 HRS.
Femal					Jan 3, 187	2	92 yrs.	muis Da	ys Hours Him.
LOa. USUAL O	CCUPATION (Give king	of work done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State,	or foreign country)		ZEN OF WHAT
Hous	sewife	ii letiled)	IMPOSIKI		Maryla	nd		COUN	III.II
13. FATHER	R'S NAME			1	14. MOTHER'S MAI				
	2	Peters		- 15			II		
15. WAS DEC	CEASED EVER IN U.S. A		6. SOCIAL SECURITY NO	. 17.	INFORMANT		Howard		
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			r line for (a), (b), and (c).1		7			INTERVAL BETWEEN ONSET AND DEATH
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	ons, If any, which	(b) 300	enales of a	sker	useerro	ua			1330
-	ise to immediate	DUE TO	0						
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OR CON	CIDENT WAS UNDERL TRIBUTING CAUSE IER, NOTIFY MEDICAL	OF DEATH	DESCRIBE HOW INDO	11 0000	ANED. (Eliter hatare t	or many in rai	t i oi rait ii oi i	16m 10./	
	ME OF INJURY Mon-		. INJURY OCCURRED 2	Oe. PLAC	CE OF INJURY (Home, I y, street, office bidg.,	farm, 20f. (0 etc.)	City or town)	(County	y) (State)
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	I certify that (I) (t)	his hospital) atter	nded the deceased fr	rom	9-27-	1965, to	2-16	1966	, that (I) twe) last
	the deceased alive								date stated above.
	IGNATURE	11	,	ind that				22b. DATE	
1-9/	200 K 5	allean	D.	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.	2-2:	7-26
22c. P	HYSICIAN'S	acer for	4	IVI.U.	22d. ADDRESS	DIRECTOR _	J 11113.	-	- 1
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23a. BURIA	L, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	1 23d, 100	ATION (City, town	or count	y) (State)
REMO!	VAL (Specify)		Loc. While of OL				dlawn, Md		,,
	arial 2	2/18/1966	Woodlaw	m Çe	metery		TRAR 25b. REG		SIGNATURE
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after bon papers. Pag within 72 hours hours 24 within executed certificate death been signed by the att the burial-transit permi or to burial, cremation, c law requires that the physician. or attending has by as th for use Health certificate lihed for use the hospital PHYSICIAN: this ce detache e Dept. DIRECTOR: After tage 3 should be defiled with the State retained Page 4 may pag TO FUNERAL director, p

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1/65 20M

STNESS FORMS, INC., BALTIMORE, MD. 21201 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY BALTIMORE MARYTAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 59 Days BALTIMORE 0 - 4 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL WICKHAM ROAD YES NO X NAME DE First Middle Last DATE Month Year DECEASED CARRIE **EDNA** (Type or print) HURST 2 DEATH 19 66 19 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIEO AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Hours FEMALE WIDOWED A PER MIND OIVORCED [11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? REGISTERED NURSE NURSING HOWARD CO. MARYLAND U.S.A.

3. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME WILLIAM GERWIG ISABELLE ISAAC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT VETERANS HOSPITAddress (Yes no pr unkown) (If yes give war or dates of service) 10 71 00 CLIN. RECORDS. FT. HOWARD, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) CARCINOMA PAROTID GLAND OUE TO METASTASIS TO LIVER AND SPLEEN YEARS Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICAT PERFORMED? PULMONARY EDEMA YES DO NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not While p.m. at work at work

21. I certify that ((this hospital) attended the deceased from 65. to 66 that (I) (we) last 2:30 fr De the causes and on the date stated above. saw the deceased alive on and that death occurred at -22a. SIGNATURE 22b. OATE SIGNED Dece o 2/19/66 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S AOORESS NAME (Type) LOUIS E. KIMMEL. HOSPITAL, FORT HOWARD, MARYLAND 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) NATIONAL Burial BALTIMORE 28 24. FUNERAL OIRECTOR ENGLED DER TOK ACORESS AVENUE 25a. REC'O BY REGISTRAR G. TRUMAN SCHWAB, BALTIMORE. MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01030	EKIITICALI	C OF DEATE			UIC	001
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased li	ved, If institutio	n: Residence	before admiss
a. COUNTY Baltimore		a. STATE Ma	aryland	b. COUNTY	Balti	mowo
h CITY OR TOWN (if outside corporate limits	MARYLAND GTH OF STAY IN 1b	c. CITY OR TOWN (If		Ilmite write DI		
write RURAL and give nearest town)				imits, write ko	KAL and gr	e Hearest to
Catons ville 10mt	h 7dys	Middle i	iver		03	-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a	(ive street address)	d. STREET ADDRESS	15		6	ON A FARM
SPRING GROVE STATE HOSPITAL	, 1	1214	Third Roa	d	,	ES ND
. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
DECEASED			DF		1240	19 66
THUL ACO	A.	Immler		February		
6. COLOR OR RACE 7. MARRIED X NEV	ER MARRIED [8	18	376. Jast 1	irthday) Mont	hs Days	Hours M
male white WIDOWED	DIVORCED	UCT. 10, *	KXX XX	9 yrs.		
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF B uring most of working life, even if retired) INDUSTRY	USINESS OR	11. BIRTHPLACE (C	ounty & State, or fore	gn country) 12	COUNTRY	OF WHAT
ring most of working life, even if retired) INDUSTRY		Maryla	and	1	J. S.	
3. FATHER'S NAME		14. MOTHER'S MAIL				
XXXXXXXX Charles A. Immler		Caroline B	Cloin			
	FOUDITY NO. 1 17	INFORMANT	TETH	Address		
Yes, no, or unkown) [(If yes give war or dates of service) 219-28	8-4198					
XXXXXXXX No XXXXXX	Re	ecords: SPI	RING GROV	E STATE	HOSP	ITAL
18. CAUSE DF DEATH [Enter only one cause per line for (a					INTE	RVAL BETWE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart f	'ailure				ONS	EI AND DEAL
4200	Q.Z.J.Q					
Conditions, If any, which \ DUE TO		1 1 11				
gave rise to immediate	eclerotic	heart disea	ase			
cause (a), stating the DUE TO						
underlying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION	GIVEN IN PART	1(a) 19.	WAS AUTOP PERFORMED
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Phour 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	monia				YE	-
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE		RRED. (Enter nature of	f Injury in Part I or	Part II of Item	18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			4.5			
	OOUDDED LOOP DIA	DE OF INITIDY (Home for	L 005 (01h) 01	Aguan	(County)	(State
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Of Hour a.m. while at work at at		CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f. (City or	town)	(County)	(31416)
p.m. 19 at work at	work			The same		
21. I certify that \$0 (this hospital) attended the c	leceased from	April 8 . 1	965 to F	eb. 151	966 th	at (1) (We)
saw the deceased alive on Feb. 15	9 66 and that	death occurred at	M from the	causes and r		
22a. SIGNATURE	o, and that	dodii boooii od di	D.		. DATE SIG	
Stella wacks	le. un	ATTENDING	MED. ST	AFF []	2-15	-66
22c. PHYSICIAN'S	Ces M.D	PHYS. 22d. ADDRESSS	DIRECTOR PH			TTAL
NAME (Type) Stella Wachs	olow M D					
			altimore,			The state of the s
REMOVAL (Specify)	NAME OF CEMETERY		23d. LOCATIO			(State)
REMOVAL (Specify) 2/17/66. Mead	dowridge Me		Elkr	idge, Mo	d.	
	DDRESS	25a. RE	C'D BY REGISTRAR	25b. REGIST	PAR'S SIGN	ATURE
Leonard J. Ruck Inc. Balto. Md.	21214	DATE F	FB 16 19	56	ionles	1

and completely filled in by the funeral enough carbon papers. Pages 1 and 2 any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove each on papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01940 CERTIFICATE OF DEATH (66 mb	01888
1. PLACE DF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institute a. STATE Maryland b. COUNTY	Baltimore
b. CITY DR TOWN (if outside corporate limits, write RURALY and give nearestrown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURALY and give nearestrown) C. CITY OR TOWN (if outside corporate limits, write RURALY and give nearestrown)	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2219 Wilker Avenue 3422 Northern Porkway.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF DECEASED (Type or print) Aubrey H. Insley 4. DATE DF DEATH Jeb.	8, Pay Year 1966.
Male White WIDOWED DIVORCED Wov. 13, 1898 6 of birthday) Mon	
Salesman Sakery Maryland	12. CITIZEN OF WHAT COUNTRY?
5 611117	tchard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 139050170 Mr. Willaim G.R. Enskey W.	Insley, II
18. CAUSE OF DEATH [Enter only one cause per light for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Chroseles to Hoorf Disease) Conditions, If any, which gave rise to immediate DUE TO DUE TO Conditions of the condition	INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the underlying cause last. CC) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUT	YES NO
	(County) (State)
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work of a twork of two	
21. I certify that (i) (this hospital) attended the deceased from the saw the deceased alive on 19 cc, and that death occurred at 22 M, from the causes and 22a SIGNATURE M.D. ATTENDING MED. STAFF 22 DIRECTOR PHYS.	on the date stated above. DATE SIGNED 1966
220 Sethisician's WINTZER 3009 EURREREN M	VE BARTO 14
Constitution of the Mil 21211 FFD 41	or county) (State) Md. ITRAR'S SIGNATURE
Leonard Y. Ruck Ync. Balto. Md. 21214 DAFEEB 1 1 1968 Jelia	welly Judge

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and completely filled in by the funeral emove carbon papers. Pages, 1 and 2 n any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	31941			CERTIFIC	AII	C OF DEALE	1				111	XX!	
1.	PEACE OF DEAT a. COUNTY	H Baltimore		Manya		2. USUAL RESIDENCE a. STATE			lived, If in b. COUI	NTY			dmission)
b. CITY DR TDWN (if outside corporate limits, C. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If	Mary f outside		e Ilmits, wi		altin		st town)	
				3mth25dys		Towson					03	- /	
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not In	hospital, give street add	ress)	d. STREET ADDRESS					1	B. IS RES	SIDENCE FARM?
		ROVE STAT	E HOSF	PITAL		620 Deba	ugh.	Avenu	e		,	YES [NO R
3.	NAME DF DECEASED (Type or print)		irst acoba	Middle	Jei	Last nezen	4. D	ATE F EATH	Mont	h uary	Day 8	Ye 19	11
5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	7 8	B. DATE OF BIRTH	1	9. AGE	(In years	LIFTINDE	DIVEAD		
fe	male	white	WIDOWED			June 15, 1	901	6L	birthday)	Months	Days	Hours	Min.
10a dur	ing most of work	TION (Give kind of work ling life, even if retire	ed)	KIND OF BUSINESS OR		11. BIRT HPLACE (C		State, or for		0	COUNTRY	OF WHA	Т
13.	FATHER'S NAM	fe		hun Home		Hollan		ar.		U	. S.		
10.		in Duyne			100			-					
15		EVER INU.S. ARMED FO	DRCES? 16	. SOCIAL SECURITY NO.	17	Marie V	an D	er ve	Addre				
(Ye	s, no, or unkown)	(If yes give war or dates	of service)				TNO				***		
	unknown	(Yone		unknown		cords: SPR	ING	GROV	E S	TATE		SPIT	
		EATH WAS CAUSED BY	,	line for (a), (b), and (c).	1						INTE	RVAL BE	DEATH
	715	IMMEDIATE CAUSE	(a) Se	pticemia			17.						
	// 0	DUE											
	Conditions, If		(b) Be	dsores							_		
	cause (a), s	tating the DUE	TO										
2	underlying caus		(c)	UTINO TO DEATH DUTING	T D E1 4						140		Uzonov
AT [FARTH. OTHER			UTING TO DEATH BUT NOT			DISEASE	CONDITIO	NGIVENIN	PART I(a		WAS AT	RMED?
	200 ACCIDENT			clerotic hea							YE	s 🗌	NO 3
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	finjury	In Part I o	or Part II o	of Item 18	3.)		
CAL		INJURY Month, Day,				E OF INJURY (Home, fa		of. (City	or town)	(Co	unty)	(State)
MEDICAL	Hour a.r		While at wor	k Not While at work	ractor	y, street, office bldg., e	tc.)						
				led the deceased from		Oct. 6	965,	to_F	be. 8	_, 19_6	56, th	at 10 (we) last
		ceased alive on	Feb.	3 19_66, and	d that	death occurred at		l, from th	e causes				above.
	22a. SIGNATUI		.00			ATTENDING -	P. MED.	S	TAFF -	22b. I	DATE SIG	INED	
	22c. PHYSICIA		zauc	Comp	M.D.	PHYS. L	DIRECTO	R P	HYS.	COLOR	7 177	10111	DAY
i	NAME (T)		D. A	GALCIANO	2				OVE Mar	STATI		OSPII 28	LAL
23a			THEREOF	23c. NAME OF CEM	ETERY				ON (City, to				tate)
1	BERMOVAL (Spe	notified (200)	, 1966			y Memorial			Reysvi		4.		
24	FUNERAL DIRE			ADDRESS				EGISTRAR	25b. R	FEITURA	SIGN	ATUBEL	48.
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FOR STATE HEALTH DEPT.

TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessing please executed calculates, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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I	tems 18-	21 Film G3	74 MARY	TAND STATE	DEP	ARTMENT OF	HEALT	Н			
	Divis		CAL RESEA	RCH AND RECO	RDS,	301 W. PRESTON	STREET	, BALTIMOR	E 1, MARY	LAND	200
	0133		EDICAL	EXAMINER	5 (CERTIFICATE		EATH		17 11 0	100/
1.	PLACE OF DEATH	H				2. USUAL RESIDENC		eased lived, If inst b. COUN		ence before	e admission)
	BALTIMO			MARYLA	NO	a. STATE MARYLAN	D	b. 000N		-	
	b. CITY OR TOW	N (if outside corporat	e limits,	C. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corp	orete ilmits, wri	te RURAL and	give nea	arest town)
	FORT HO		n)			BALTIM	ORE.		3	30-4	
			N (If not in ho	spital, give street add	ress)	d. STREET AODRESS	0100				RESIDENCE
	VETERA	ANS ADMINIS	TRATION	HOSPITAL		4514 W	OODLEA	VAVENUE		YES	A FARM?
3.	NAME OF DECEASED	FI	st	Middle		Last	4. DATE	Month		Day	Year
	(Type or print)	GIL	BERT	E.		JEWELL	DEATH	FEBRU	ARY	25 1	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8	The second secon	9.	AGE (In years I	EUNDER 1 YE	AR IF UN	
	37 - 1 -	TTI- * 4	WIDOWED	DIVORCED	5	10 20 1	7	last birthday) 48 yrs.	Months Day	/s Hou	ers Min.
1Da	Male LUSUAL OCCUPAT	White ION (Give kind of work				12-29-1			12. CITIZ	EN OF WI	HAT
dur	ing most of work	ing life, even if retired	I) IN	DUSTRY					COUN		
13.	Carpen FATHER'S NAM	ter	Но	me Repairs	- 1	Baltimor	e, Mar	yland		U.S.	Α
13.	PATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				
	JOHN JI					EDNA FO	RRESTE				
		EVER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17.	INFORMANT		Addres	S		
(10	Yes	WWII		7 05 7965	C1	in. Records	. VA H	ospital.	Ft. He	oward	l. Md.
				ie for (a), (b), and (c),	-		,			NTERVAL	BETWEEN
		EATH WAS CAUSED BY				huddd a nom	mlinos	ld sim	(INSET AN	ID DEATH
	GOLO IMMEDIATE CAUSE (e) Chronic pyelonephritis complicating										
	000 11010000	OUE	TO fra	ctures of	rie	ht femur a	nd ris	tht wris	t.		
	Conditions, if		(b)	0 0 0 2 0 0 0 0 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ceuse (e), si		TO								
	underlying caus		(c)								
ION				TING TO OEATH BUT NOT	RELAT	TED TO THE TERMINAL O	ISEASE CON	DITIONGIVENINI	PART 1(a)		FORMED?
MEDICAL CERTIFICATION	Dia	betes mell	itus						1	YES	NO 🗔
E	20a. EXTERNA	L CAUSE WAS	20b. D	ESCRIBE HOW INJURY	OCCU	RREO. (Enter nature of	injury in Pa	rt I or Pert II o	Item 18.)		
ER	CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [Tr.	11 from 10	22.						
AL C		INJURY Month, Day,		11 from la		E OF INJURY (Home, fa	rm. 2Df. ((City or town)	(County)	(State)
DIC	Hour a.r	n	While	_ Not While	factor	y, street, office bldg., e	tc.)				
ME	p.1					se-36th Str		altimore			Md.
	21. I certify	y that I took charge	of the rema	ins described above	e, held	an Autopsy,	Inspection	n 🔲, Inqui	iry,	and in n	my opinion
	death result	ed from: Natural	causes ,	Accident X,	Suic	cide 🔲, Homicio	de 🔲,	Undetermined	manner		
		/	- 1			CHIEF MEDICAL	EXAMINER	X			
	ACTUAL SIGNATURE	SRAG 2	when.			M.D. ASSISTANT MEG	DICAL EXAMI	NER		22. DA	TE SIGNED
	SIGNATURE					OEPUTY MEDIC	AL EXAMINE	R		2-28	3-66
	EXAMINER'S NAME (Type)	Russell	S. Fich	er M D		Address (Street	city, town.	or county)			
23a		MATION, 23b. DATE		23c. NAME OF CEM	ETERY			CATION (City, to	wn or county	1)	(State)
	REMOVAL (Spe	ecify)						ltimore			
24	Buria		66	Oak Lawn	Cel	25a, REC	D BY REGIS		GISTRAR'S S	IGNATUR	E
5	chimune	RORFuneral	Home,	1116000000		A11 P					
	3331	Brehms L	alle			DAMA		966	rarles	Judg	L.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEAT a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: F a. STATE b. COUNTY	Residence before admission)
	Baltimore MARYLAND		
b. CITY OR TOV Write RURAL	WN (If outside corporate limits, c. LENGTH OF STAY IN 1 L and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Fort	Howard 91 Days	Baltimore	30-4
d. NAME OF HO	OSPITAL OR INSTITUTION (If not in hospital, give street addres	ss) d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
	ans Administration Hospital	1920 Eutaw Place	YES NO NO
3. NAME DF DECEASED	First Middle	Last 4. DATE Month	Oay Year
(Type or print)		TOTALCONT DEATH TOTALCON	21 19 66
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months I	1 YEAR IF UNDER 24 HRS.
Male	Colored WIDOWED OF OFFICED	10/22/24 last Dirthday) Months	Oays Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done king life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12, C	ITIZEN OF WHAT
Salesm	Confectionem St		OUNTRY?
13. FATHER'S NAM	ME	14. MOTHER'S MAIOEN NAME	3.44.
Thom	ha T. Johnson	Pearl Johnson	
		7. INFORMANT Address	
(Yes, no, or unkown)	(If yes give war or dates of service)		1 2
YES	1000 2.2	lin.Rec. VAH, Fort Howard, Mary	Land
	DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. O	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREUMONIA: PULM	ONARY EDEMA	UNDETERMINET
44.	OUE TO	V21444 V2 804 000	OAT DE LA CONTRACTOR DE
Cenditions, if		DIOVASCULAR DISEASE	UNKNOWN
gave rise to	immediate (0)	DIOVASCOLAR DISEASE	OWENOWN
cause (a), s	an last		
		ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	110 Was All Topov
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	STANTIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT OR CONTRIBUT	T WAS UNDERLYING ☐ 20b. OESCRIBE HOW INJURY OC TING ☐ CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item 18.	.)
		NACE OF LIVING ALL COMMON AND AND AND AND AND AND AND AND AND AN	
20c. TIME OF Hour a.i		PLACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bldg., etc.)	inty) (State)
p.	m. 19 at work at work		
21. I certif	fy that \$0 (this hospital) attended the deceased from_	Nov. 22 1965 to Feb. 21 1966	thatX(I) (we) last
	eceased alive on Feb. 21 1966, and the	hat death occurred at 1:15 m, from the causes and on the	he date stated above.
22a. SIGNATU	RE . A	225. 0	ATE SIGNED
We	icia . Hundez - loss, N	M.D. ATTENOING MEO. STAFF DIRECTOR PHYS. DX 2	/22/66
22c. PHYSICIA	AN'S	22d. ADDRESS	22/00
NAME (T	ype) ALICIA O. MENDEZ-ROSS, M.D.	VAH, FORT HOWARD, MARYLAND	
23a. BURIAL, CREM			inty) (State)
REMOVAL (Sp	pecify)		
24. FUNERAL DIRE		etery Baltimore, Mary	
ST. TORENAL DIKE			-
Monton &	Dwett Fun Home Baltimore, Mar	ryland DATEFEB 23 1966 Ichan	les Judge

Tage 4 may be retained by the inspiral of activities to stand the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

Bullings and send and Fort House 22 Mayer Selfinore hosmot crat FO MENUES ES Id in del. 50\00 XX action to the bezoloù -- afini Conference agent Belthamy, Maryland rosndut .7 June 7 noamiol. Lorey MARIE 215-14-59-93 Chin. Sec. Vad, Fort Berard, Margiand Werd Transport of Alberta Williams E-Classell ALTER OF HOME SERVICE AND A STATE HEAVIER OF SERVICE AND ALTERNATION OF SER ground Langhtel Co - S Large Bastimore Barriada forcer a great fem. some Jal. 1201-31 Language.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove darbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1944
CERTIFICATE OF DEATH
01892

		0-000
I	1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	13A/timore MARYLAND	a. STATE MARY AND b. COUNTY
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	BAITIMORE 2/ Krs.	Baltimare 30-4
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 44 . C. e. IS RESIDENCE
	GREATER BAITIMORE MEdiCAL CENTER	524 E. 30 th St. #18 YES NO I
	3. NAME OF DECEASED (Type or print) Charles Jerome	Jones OF DEATH Feb. 15, 1966.
		3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
ı	MALE WHITE WIDOWED DIVORCED	11/3/02 (3 yrs. Months Days Hours Min.
1	1Da. USUAL DCCUPATION (Give kind of work done ducing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	duding most of working life, even if retired) INDUSTRY RETIRED Board of Education	Pittshuec H. Pa. USA
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	DAVID TINES	TESSIEE Easter
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service) Mrs	. Mary M. Jones (Same)
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPERTACOS	y hallers sec to
1	5272 DUE TO OUR Chronia	Prinsidencese
1	Conditions, if any, which) (b)	breast in bency of 3 INFERS
1	gave rise to immediate cause (a), stating the DUE TO	
1	underlying cause last. (c) Orouchon	Mellinone
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	I I CAT	YES NO
`	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	White Mot white	ry, street, office bldg., etc.)
4		eb. 15 , 1966 , to Feb. 15 , 1966 , that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from Feb saw the deceased alive on Feb 15 1966, and that	death occurred at 11:1M, from the causes and on the date stated above.
	22a. SIGNATURE	death occurred allm, wowh the causes and bit the date stated above.
	Builla Dans	ATTENDING MED. STAFF - 0/45/66
1	22c. PHYSICIAN'S OFFICE M.D.	PHYS. DIRECTOR PHYS. X 2/15/00.
	NAME (Type) REYNALDO O. GUZMAN	G.B.M.C.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	201
	Burial 2/19/66. Meadowridge M	
1	24. FUNERAL DIRECTOR ADDRESS Toomand J. Rugis Tro. Rolle Md. 2121/	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Leonard J. Ruck Inc. Balto. Md. 21214	DATE FEB 16 1966 James Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

0123	•	CERTIFICATI	E OF DEATH	1	01894
1. PLACE OF DE a. CDUNTY	Baltimore.	MARYLAND	a CYATE	CE (Where deceased lived, If institution of the count of	tution: Residence before admission) Baltimore
b. CITY DR T write RUR Dunda	OWN (if outside corporate limits, AL and give nearest town)	c. LENGTH DF STAY IN 1b	c. city or town (in	f outside corporate limits, write	e RURAL and give nearest town)
	HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS		e. IS RESIDENCE
Res.,	827 S. 50th S	treet	827 S.	50th St. 2122	2 ON A FARM? YES NOTE
3. NAME DF DECEASED (Type or prin	First LOUIS	Middle	Last JNG	4. DATE Month DF DEATH DEATH DEATH	Day Year 3-1966 19
5. SEX			B. DATE OF BIRTH	19. ACE (In years III	FUNDER 1 YEAR II FUNDER 24 HRS.
Male	White WIDOW		Sept. 23	1901 64 yrs.	fonths Days Hours Min.
during most of w	PATION (Give kind of work done or king life, even if retired) Machinists B	o. KIND OF BUSINESS DR INDUSTRY ethlohem Stee:		County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N			14. MOTHER'S MAI	DEN NAME	
	Conrad Ju	ng	Mary F	aber	
15. WAS DECEAS	ED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY ND. 17.	INFORMANT	Address	
No		13-07-5190 W1:	fe, Mrs.	Alma Jung, #	2,a,b,c,d
	DF DEATH [Enter only one cause p DEATH WAS CAUSED BY:	er line for (a), (b), and (c).]	16 (Lest	1- 0. Mesta	INTERVAL BETWEEN ONSET AND DEATH
-16	3 N DUE TO		6 (7/	1 0 1110111.	Lanus
	If any, which (b)				01110 3,
	to Immediate DUE TO				
underlying c					
PART II. OTHI	ERSIGNIFICANT CONDITIONS CONTR	Seffs V	D) Abetes	Mellitus.	ART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO
2Da. ACCIDE OR CONTRIB (IF EITHER,	NT WAS UNDERLYING 20th UTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injury In Part I or Part II of	Item 18.)
20c. TIME (a.m. Wi	d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, f ry, street, office bldg., o	erm, 20f. (City or town)	(County) (State)
	rtify that (I) (this hospical) atto		yur 1	1965 to TUF 3	19 66. that (I) twe) last
saw the	deceased alive on Take		death occurred at	1218	nd on the date stated above.
22a. SIRNA	THE BOAIN	/ M.D	ATTENDING		Feb. 4-1966
	CIAN'S Melvin B.		22d. ADDRESS	rnington Rd.	Dundalk, Md.
23a. BURIAL, CR REMOVAL (BUria	specify) Feb. 7-19	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	
24. FUNERAL D		ADDRESS		C'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
JOHN J.	DUDA, Dundalk	, Md. 21222	DATE	B 7 1966	harles Judge

1/65. VR A15

101 A SILVERINI WAS STORY OF reins., ost s. South states | Est S. Schi Ha. 21532 otimic cint - 1001 - 100 E TROUGH . CHE TO THE TOTAL TO THE STATE OF THE

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TO HOSPITAL OR / ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital ar attending physician. Solution in the property of the property of the period of the property of the registrar prior to burial, ar remayal, and in any event within 72 hours after death.

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MARYLAND STATE	DEPARTM	ENT OF HEALTH	-BALTIMORE, 18				
01947	ERTIFIC	ATE OF DEATH	1	leg. Dist. No. 01895			
1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BOAT IMPRE					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (IF O	utside corporate limits, write RUR.	AL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6601 KENWOOT AUE		d. STREET ADDRESS	N WOOD AUE	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) / REDERICE	Middle	KAHLEZ	4. DATE Month OF DEATH FEB	Day Yeor 15 19 66			
7 (DIVORCED		lost birthdoy) A	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min.			
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER. CARPEN		BALTIMO	RE. COUNTY	12. CITIZEN OF WHAT COUNTRY?			
CHARLIES KAHLIER.		14. MOTHER'S MAIDEN N	ELLIGSON				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 2:2-01		MRS FREDER	Address	6601 KENIOME AU			
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ond (c).]	order	ricin	INTERVAL BETWEEN ONSET AND DEATH JULIALIA			
Conditions, if ony, which gove rise to immediate	eledot	tu Cardi	o Vassular				
couse (o), stoling the <u>under-lying couse lost.</u> DUE TO Lying couse lost. County lost contributions contributions	C TO OCATA NA		hlisea				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN			NAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO			

ノンドーレンプラン		14	1 F-10 00 00					/
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street address)		d. STREET ADDRESS e. IS RESIDEN ON A FAR					
6601 KENU	DOOR AVE		6601 KE	Nwo	DO AUE			NO D
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	ıh .	Day \	feor
(Type or print) /-2/	DERICK		KAHLEZ	DEATH	FEB		15 1	966
5. SEX 6. COLO	OR OR RACE 7. MARRIED NE	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNDE	
MALE WI	WIDOWED [DIVORCED [04	61 yrs.	Months D	oys Hours	Min.
10o. USUAL OCCUPATION (Give during most of working life, e	kind of work done 10b. KIND OF I	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
CARPENTER	2. CARPE	NTER	BALTIMO	DRF.	COUNTY	() S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		-223,417			-
CHARLES	KAHLIER		EMMA	F. I	GSON.			
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. IN	IFORMANT	Bow seeding 1	Addr	ess		
(Yes, no. or unknown) (If yes, give	wor or dates of service)		10= FRETIFE	162	Kamera	6601	Konty.	A
	r only one couse per line for (o),		IND I CHIDE	10.1	/2191 W W	1000	INTERVAL BE	
PART I. DEATH WAS	CAUSED BY:	24 (4 (2) 1	and.	1			ONSET AND	
1/7 -1	ATE CAUSE (o)	ou cy	O vacan	un.	(nuce	ain
4201	DUE TO TOMAIN	Paplat	TINDA!	. 3/1	1.1.			
Conditions, if ony, which	(0)	aceos (a count	0 11 a	mulai			
couse (o), stoling the under	DUE TO				[0,00	no n	100	113
lying couse lost.) (c)				unsel	W.K.	10	
O PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASI	E CONDITION GIV	EN IN PART 1	(o) 19. WAS A	RMED?
0 100000	- In						YES 🗌	но 🗌
PART II. OTHER SIGNI 20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS UIF EITHER, NOTIFY MEDICAL	LYING [] 206. DESCRIBE HOW E OF DEATH EXAMINER)	V INJURY OCCURRED	. (Enter noture of injury in f	Port I or Part	II of item 18.)			
20c. TIME OF INJURY Month	, Doy, Year 20d. INJURY OCC	CURRED 20e. PLA	CE OF INJURY (Home, form,	, 20f. (City	or town)	.100	unty)	(Stote)
20c. TIME OF INJURY Month Hour a. m.	19 While Not wo	while foct	ory, street, office bldg., etc.			(00)	J	(31016)
			1.1	-01	1 12 / 1			
·	ended the deceased fram.	- 1600	19(10, to/	5-0-1			st saw the	
alive an	12 , 19 00 6 ,	and that death	accurred at LD L		the causes a		date state	d above.
ACTUAL MAN	Sur Cu	./ .	2'	ADDRESS (St	reet, city or town,	itote)	O / DA	TE SIGNED
SIGNATURE	mm yun	eline.	1.D	411	00		0-116	166
PHYSICIAN'S NAME (Type)	M. BAUN	1922	dNER					
220. BURIAL, CREMATION, 22b. (REMOVAL (Specify)	DATE THEREOF 22c. NAM	ME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town, o	r county)	(Stote)
BURIAL FE	B 18,1966 7	ION CE	netrry	B	ALTIMO	RE	Mp	
23. FUNERAL DIRECTOR'S SIGNAT	ADDI	RESS	24gr REC/I	D BY REGIST		TRAR'S SIGN	ATURE	
Lacenha Tenna	(Horo 74-01 13	War Rd	T36 MU DATE D	18 1	966	iarles	Judge	
					1 4		7	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY Baltimore Md by the and 2 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pagrest town) write RURAL and give neerest town) .= -Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 648 Aldershot Ra Aldershot completely 3. NAME OF Middle OF Feb. Julianna Kappler (Type or print) pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Female WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Own Home Balto. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Fredericka Roeder John Frederick Hegler affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give were rdetes of service) Mrs. Henry C. Tiemeyer, 648 Aldershot Rd 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] by PART I. DEATH WAS CAUSED BY: rterio - alexatio Cardio- bascular diserio 0 IMMEDIATE CAUSE (a) DUE TO attending Conditions. geve rise to immediate cause DUE TO (e), steting the underlying has ceuse lest. hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19, WAS AUTOPSY CERTIFICATION 0 use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Not While ŏ et work at work DIRECTOR: Dept. D. 10.13.7.1 21. I certify that (I) (this hospital) attended the deceased from 1935 19. pinous State 1966, and that death occurred and som, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATUR ATTENDING PHYS. DIRECTOR HOSPITAL page with th FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed v 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OF Woodlawn Balto.

-ADDRESS

Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 5-63

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

. IS RESIDENCE ON A FARM?

YES NO IL

Year

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO T

(Stete)

10 years

Months

USA

zone

(County)

IF UNDER 24 HRS

executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
U1897

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND		Baltimore				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 16 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
Res., 7114 Riverdrive Rd.	7114 Riverdrive Rd. 21219	YES NOTE				
(19pe of print)	ANAGH 4. DATE Month OF DEATH Feb. 26	19 66				
Female White WIDOWED DIVORCED N	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) 74 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT				
Housewife	Maryland	U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Edward Smith	Anna Kulter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unkown) (If yes give war or dates of service)	INFORMANT Address					
No No 219-26-2475 Dat	ughter, Mrs. Mary C. Donnelly,	#2, a, b, cd.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH				
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ME to 8 totic	lar cur oma.	6 Miss.				
172X DIE TO 0	, , , /	1100				
Conditions, If any, which) (b) Carcenons Fo	unglus / leterus	6 years				
gave rise to immediate (cause (a), stating the DUE TO						
underlying cause last.) (c)	C CONDITION ON THE PART I/O	119. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUT		YES NO NO				
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	.)				
Hour a.m. While Not While factor	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	inty) (State)				
E p.m. 19 at work at work	Mars 10/00 to 75/- 2/ 10/-	6, that (I) (we) last				
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at SAM, from the causes and on the					
saw the deceased alive on 750 1900, and that		ATE SIGNED				
le firm M.D	ATTENDING MED. STAFF DIRECTOR PHYS.	28-1966				
22c. PHYSICIAN'S NAME (Type) Roger Windsor M.D.	520 D St. Sparrows Point Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Mar. 1-1966 New Catheders	4300 Old Frederic	k Rd. Balto.				
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE MO				
JOHN J. DUDA, Dundalk, Md. 21222	DATEAR 1 1966 Scharl	es Judge				

VR AI5 (4) 20M 1/65

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.0 2715-15	roll?	CI	C
.0.4	wostri r	not	
New Cuthons	330T-F	ruid	Interior
SSSIC .	on latte, W	, LCTG .	. 12101
			Mer. 1-1066 New Catheder

FOR STATE HEALTH DEPT.

MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, secute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be the State Department 72 hours after death. director. Page 4 shoul retained for your files. please execute TO DEPUTY MED

5M

permit. File pages 1 and Ewit removal, and in any event-within TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or E (5) VR ALSME

9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CUU

MEDICAL EXAMINER	S CERTIFICATE OF DEATH	01000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission
Raltimone	a. STATE Maryland Balt	ti mana
b. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH DF STAY IN	1b c. CITY DR TOWN (If outside corporate limits, write RURA	Limore Land give nearest town
600	Towson	12 /
TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr.)		e. IS RESIDENC
62 Burkshire Rd. 21204		ON A FARM?
	62 Burkshire Rd. 21204	
3. NAME OF DECEASED (Type or print) GERTRUDE ELIZABETH KEEN	(Bessie) 4. DATE Month OF DEATH 2/10/66	Day Year 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	PATE OF RIDTH Q ACE (In years IF IINDE	R 1 VEAD HELINDER 24 HR
Female White WIDOWED DIVORCED	Morra 7 1907 (Serinday) Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. RIRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT
Secty. State of Md.		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas S. Keen	Margaret Reese	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
(Yes, no, or unknown) (If yes give war or dates of service) 2/8-22-28/N	iss Blance E. Keen (Sister	•)
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]	C C C C C C C C C C C C C C C C C C C	INTERVAL BETWEEN
PART I, OEATH WAS CAUSEO BY:	naul () Ca /usion	ONSET AND DEATH
420 IMMEDIATE CAUSE (a)	1019 (2,03,00)	EXCUES
Conditions, If any, which		
gave rise to immediate		
cause (a), stating the OUE TO underlying cause lest.		
	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
O T TANK MANUEL CONTINUES	REAL ED TO THE PERMITTER OF CONTROL OF CONTR	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OF CAUSE OF DEATH.	OCCURREO. (Enter nature of injury in Part 1 or Part II of Item 1	8.)
		ounty) (State)
While Mot While	factory, street, office bldg., etc.)	
p.m. 19 at work et work 21. certify that took charge of the remains described above	held an Autopsy . Inspection . Inquiry .	and in my opinio
	,	,
death resulted from: Natural causes Accident ,	Suicide , Homicide , Undetermined manner	
ACTUAL (MA O DE HO) DE	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE SUCCESSION OF THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
EXAMINER'S NAME (Type)	Address (Street, city, town, or county)	110/66
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME REMOVAL (Specify)	TERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
Burial 2/14./66 Loudon	Park Balto.	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
Mitchell-Wiedefeld Home, Inc.	1212 DATE EB 15 1966 JULIAN	ces judge
O O LOIK MU. Z	I.C.I.C.	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon lapers. Pages V and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11307			CERTIFI	CALL	C OF DEATH				0.7	-00	. 7
1.	PLACE OF DEAT	Н	-			2. USUAL RESIDENCE	E (Where dec			Residence	before ad	mission)
	a. COUNTY	Baltimore				a. STATE		Bal Line	re			
	h CITY OF TON		a limite	MARYL c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corr			and gly	e neares	t town)
	write RURAL	/N (if outside corporat and give nearest tow	n)							ond Bre	. /	,
		kesville		60 yrs			esvill	e 8, Md.		0 7	10.050	DENDE
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not	in hospital, give street ac	ddress)	d. STREET ADDRESS				6	ON A F	
	Hooks L	ane, Pikesv	ille	8, Md.		Hooks I	ane			1	ES 🗌	NO
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. OATE OF	Monti	h	Day	Yea	
	(Type or print)	Martha		Ellen		Keir .	DEATH	Feb. 6	,		196	56
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	1	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER			
	Female	White	WIDOW	VED A DIVORCE		iov. 6,1875		last birthday)	Months	Days	Hours	Min.
		TION (Give kind of work		b. KIND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State.	/ yis.) 12. C	ITIZEN	OF WHAT	
du	ring most of work	ding life, even if retire	1)	INDUSTRY					C	DUNTRY	?	
	Housew			Own home		Baltimor			U	S.A	•	
13	. FATHER'S NAM	/IE				14. MOTHER'S MAIL	JEN NAME					
1		O'Neal					Ha	mmondtre				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL SECURITY NO	. 17.	INFORMANT		Addre	SS		Md.	
	No	None	i service)		Mr	W. Gladsto	ne Kei	r. Hooks	Lane	. Pik	esvi	lle8
=			e cause n	per line for (a), (b), and (c						INTE	RVAL BET	TWEEN
		EATH WAS CAUSED BY		i 4 .	11	notic her	1.20	LADARI		ONS	ET AND E	EATH
	12	IMMEDIATE CAUSE	(a)	around		none me	~~ 0			12	w y	
	420	DUE	TO									
	Conditions, If		(b)									
	gave rise to cause (a), s		TO OT									
	underlying cau		(c)									
8	PART II. OTHER	SIGNIFICANT CONDITION		RIBUTING TO DEATH BUT N	OTRELA	TED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)	119.	WAS AU	
AT										YE		NO D
Ĕ	20a ACCIDENT	WAS UNDERLYING	201	b. DESCRIBE HOW IN IN	RY OCCI	RRED. (Enter nature of	f Injury in Pa	art 1 or Part II o	of Item 18			-
MEDICAL CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEA	TH	DECORTOR HOW HAVE		THE CHILLY HAVE O	,,					
2		TIFY MEDICAL EXAMI					1 005	(011	10.0	unty)	/0	State)
S	20c. TIME OF Hour a.	INJURY Month, Day,			facto	CE OF INJURY (Home, fa ry, street, office bldg., e	etc.)	(City or town)	(60	un ty)	(0	itate)
		.m. 19		hile Not While work at work						2		
-	21 L certi	fy that (I) (this hose	oital) att	ended the deceased for	rom	. 1	948. to	6 Feb	. 19	56 th	at (I) (w	vet last
		eceased alive on	6 7	726 1966, a	nd that	death occurred at	10 PM. fro	om the causes	and on t	the dat	e stated	above
	22a. SIGNATU		6	7					22b. [DATE SI	GNED	
		Ganl 1	4	oyse	M.D		MED. DIRECTOR	STAFF PHYS.	7	Zef	-66	
	22c. PHYSICI NAME (1		LA	1 Royse		1403 70	Ley L	a Pike	asul	16	e81	MN.
23	a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CE	EMETERY	OR CREMATORY	23d. LC	CATION (City, t	own or co	ounty)	(St	tate)
1	REMOVAL (SE	ecity)	11			Cemetery		esville				
2	Burial L. FUNERAL DIR		17,00	ADDRESS.	rage	L.25a RE	C'D BY REGI	STRAR 25b	EGISTRAR	'S SIGN	ATURE	
1	TUNEKAL DIK	1/h		ADURESS	/	184 N	111	955	liarel	as C	usar	
1	mande	N.//	26	(Julies	wek	DATE	T 4 1	000	, ,	1	0	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove before papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1952

The maryland of the control of

1. PTACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
B altimore MARYLANO	a. STATE Md. b. COUNTY Baltimore						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
Stevenson Lifetime	Stevenson, Md.						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	d. STREET AOORESS 6. IS RESIDENCE						
Keller Rvadue Stevenson, Md.	Keller Ave. ON A FARM?						
3. NAME OF First Middle DECEASED FIRST MIDDLE OF DELLE OF	Last 4. DATE Month Oay Year OF						
(Type or print) Mary Ethel 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	Keller OEATH February 25, 1966 8. OATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IF UNDER 24 HRS.						
	last birthday) Monthe I Dave Hours I Min						
Female White WIOOWEO A DIVORCEO	Aug. 25, 1878 967 yrs. mondis 02/3 110013 mil.						
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Housewile 10b. KINO OF BUSINESS OR INOUSTRY Own home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pikesville, Md. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME						
Louis Garrish	Ada Shipley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12	. INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service)	r. Louis Keller, Keller Ave., Stevenson, Md.						
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. OEATH WAS CAUSED BY:	is particulation of angura Alucialar						
1/200	a reary asserted Contagno to Herricans						
Cenditions, If any, which							
gave rise to immediate							
cause (a), stating the OUE TO							
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY						
Diabetes millitis	PERFORMEO? YES NO						
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF OATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f, (City or town) (County) (State)						
PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO GEATH BUDNOT RE 20a. ACCIOENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. P HOUR a.m. 19 While Not While at work at work	tory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from_	1948 19 to present 19 that (1) (we) last						
saw the deceased alive on 18 745 1966, and the	nat death occurred at Z. F. M. from the causes and on the date stated above.						
22a. SIGNATURE	22b. OATE SIGNEO						
Taul H Roype M.O. ATTENDING MED. STAFF DIRECTOR PHYS. D 26-FEB. 1966							
22c. PHYSICIAN'S 1 22d. AOORESS 2/20%							
NAME (Type) PAUL H. ROYSE MD	1403 FOLEY LANE PIKESVILLE MD						
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETE							
Burial February 28, 1966 Druid Rid							
24. FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Frunk H. Mewell Processale	8 Med OATE FEB 28 1986 Jelianley Judges						

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please a move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deatt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01953			CERTIFIC	AT	E OF I	DEATH		,	LIMO	1, 1, 11	01	Qili	
1.	PLACE OF OEAT a. COUNTY	Baltimore		MARYLA	ND	2. USUA! a. ST/	L RESIDENCE		e deceased li	b. COUN		esidence	before a	mission)
I	ort Howa			c. LENGTH OF STAY I	N 1b		r TOWN (If o			limits, wr	Ite RURAL	and glv	a neare:	st town)
				ospital, give streat add	ress)		ADDRESS					a.	IS RES	IOENCE ARM?
_		Administra				1912	Pulas	ki S	Street				ES 🗌	NO X
	NAME OF OECEASEO (Typa or print)	Samue		Lloyd	Ke	Las nt	t	OF	TE ATH	Month 2	1	Day	Ye:	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3	B. DATE OF			9. AGE (IF UNOER Months	1 YEAR	FUNOE	R 24 HRS.
100	Male	Negro	WIOOWEO			6/8/8	-		76	yrs.				
dur	Ing most of work Vaiter	FION (Give kind of work ing lifa, even if retire	d) I	INO OF BUSINESS OR NOUSTRY leral Servic	0		HPLACE (COU				C(UNTRY?	FWHAT	
	FATHER'S NAM					14. MOTH	ER'S MAIDE	N NAM	E					
	Thomas J.						a Ann	Luca	28					
15 (Ye	s, no, or unkown)	EVER IN U.S. ARMEOFO (If yes give war or dates o	RCES? 16. of service)	SOCIAL SECURITY NO.		INFORMANT				Addres				
	Yes	WWI		Inknown		in. Re	cords,	V.	A. Hos	p. F	t. Ho	ward	, Mc	
		OEATH [Enter only on EATH WAS CAUSED BY		lina for (a), (b), and (c).									VAL BE	
	1/1/2	IMMEDIATE CAUSE	(a)(CEREBRAL VAS	CUL	AR ACC	IDENT					MIN	UTE	3
	Cenditions, If gave risa to		(b) HY	PERTENSIVE C	ARD	DIOVASCULAR DISEASE YEARS								
-	causa (a), si underlying caus	tating the DUE	(c) AR	TERTOSCLEROT			VASCUI					YEA	RS	
ICATIO	OLD THRO			UTING TO OEATH BUT NOT			_	SEASE	CONDITION	GIVEN IN	PART 1(a)	19. YES	WAS AU PERFOR	TOPSY MED? NO
CERTIFICATION	20a. ACCIOENT	WAS UNDERLYING DING CAUSE OF DEA	1 20h	DESCRIBE HOW INJURY	occu	RRED. (Ente	r natura of I	n]ury li	n Part I or	Part II o	f Item 18.			
MEDICAL	20c. TIME OF Hour a.r		Year 20d. I Whila at wor	Not While	factor	E OF INJUR y, street, of	Y (Homa, fari lice bldg., etc	m, 20	f. (City or	town)	(Cou	nty)	(S	tate)
		y that (K (this hosp		ed the deceased from	n_8,	/30	, 19	65 .	to 2/1	7	_, 19.6	6, tha	t M) (w	e) last
	saw the deceased alive on 2/17 19 66, and that death occurred a 215 MP who the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 2/19/66													
	22c. PHYSICIA NAME (T)	PAULINO DE	OCAMPO	, M.D.		22d. A	ODRESS		L, Ft.					
23a			THEREOF	Shiloh Bap				23d.	LOCATION		wn or cou		-	ate)
24.	FUNERAL OIRE	CTOR	100	ADDRESS			25a. REC'					SSIGNA	TURE	
G	corge G	. Kelson	1348	N. Calhon	un's	St:	DAFEEB	23	1956	20	lianel	L C.	dak	

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Ball Charles

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Samuel Lloyd Ment

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Markey Personal Dervice Reedswills, Wirelass U.S.R.

Tremme d. Menn

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pigae remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

									U - U U U	
1. PLACE DF DEAT	ТН				2. USUAL RESIDENCE	(Where dece			sidence before adm	Ission)
_	altimore		MARYL	AND	a. STATE	rland	b. COUN	IY	,	/
b. CITY OR TOV	NN (if outside corporate L and giva nearest town)	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If o		orata limits, wri	ta RURAL a	and give nearest	town)
0	wines Mills		15½ yrs		Rali	imore	21 21 5	30	_ 4	
d. NAME OF HO	SPITAL OR INSTITUTION	(if not In hos	pital, give street add	dress)	d. STREET ADDRESS	TIMOLE	<u></u>	90	e. IS RESID	ENCE
R	losewood Stat	e Hosp	ital		3437	3 Park	Heights	Ave.		010
3. NAME DF DECEASED	Firs		Middla		Last	4. DATE	Month		Day Year	
(Type or print)	Marjor	ie	-		KERBER	DF DEATH	2		4 19 6	6
5. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1	YEAR FUNDER 2	4 HRS.
Female	White	WIDOWED	DIVORCED		4/20/34	31	yrs.	Months	Days Hours	Min.
1Da. USUAL OCCUPA	TION (Give kind of work do	ne 10b. KIN	ID OF BUSINESS OR		11. BIRTHPLACE (Cou	nty & State,		12. 011	IZEN OF WHAT	
Depende		INC	none	e	Baltimore,	Marv	and	COL	U.S.	Α.
13. FATHER'S NAM	ME .				14. MOTHER'S MAIDE		50.210	-	0000	-
Harry K	erber				Bessie Ro	11				
15. WAS DECEASED	EVER IN U.S. ARMED FOR		DCIAL SECURITY NO.	17.	INFORMANT	/ do da	Addres	S		_
no	(If yes give war or dates of s	215.	10-8785C	Ro	sewood Recor	nde O	since Mi	110	Manul and	
	DEATH [Enter only one	cause per line			Dewood Recol	. 45, 01	ATIES HE	1209	INTERVAL BETW	/EEN
	EATH WAS CAUSED BY:	120	en alark	Me	4 Mayon	au to	Mu		ONSET AND DE	
Main	IMMEDIATE CAUSE (a	^	Fucció p	4		1	- 7		- /	
Conditions, If	any which \	-KAI	Men IX	los	anha	no I	is and of	1010	3-40	La.
gave rise to	Immediate (- ^	-	^	1		TON P	110		
causa (a), s underlying cau	no loot	Sp	astre (Sh	adrihe	1 101	a	11		_'
	SIGNIFICANT CONDITION		ING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL DIS	SEASECOND	ITION GIVEN IN E	PART 1(a)	119. WAS AUTO	PSY
PART II. OTHER PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	control 1	PATN	dition	1		9			PERFORME	ED?
20a. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCUR	RED. (Enter natura of I	njury in Par	t I or Part II of	Item 18.)	45	
	ING CAUSE OF DEATH	R)								
	INJURY Month, Day, Ye	ar 20d. INJ	URY OCCURRED 20	e. PLAC	E OF INJURY (Homa, farr	n, 20f. (0	Ity or town)	(Coun	ty) (Sta	te)
Hour a.	m. 19	Whila at work	Not While at work	ractor	y, street, office bldg., etc)				
	fy that (1) (this hospit			m	3-17 . 19	50. to_	2-4	1956	, that (#F (we)	last
	ceased alive on	2-4			death occurred at 10		nThe causes			
22a. SIGNATU		0	0	u tilut	40411 00001104 01		11 1110 040000		TE SIGNED	
1/1/1	my /3. /	Juce	lee	M.D.		RECTOR	STAFF PHYS.	4	78k 66	
22c. PHYSICI	AN'S	-			22d. ADDRESS	1 /2	4 11.	· 1. 1		
- Maine (1	Harry G.	Butle	r		Meseuras	a su	ele Na	pular		
23a. BURIAL, CREM REMOVAL (So	MATION, 23b. DATE TH	EREOF	23c. NAME OF CEM	TETERY	OR CREMATORY	23d. L9C	ATION (City, to	wn or coun	ity) (State	e)
pusia	6 2/6/	66	Talrew ?	byen	of Men	134	Moran	Tha	usland	
24. FUNERAL DIR	ECTOR		ADDRESS	1	25a. REC'I	D BY REGIST	a nat.	GISTRAR'S	SIGNATURE	
Dol Leven	son & Dras X	AC 601	10 Keislers	low	KOL DATES	195	6	ros	Judge	
									-	

VR AI5 (4) 20M 1/65

and the seconds had The resident and the same that magazi " monesoca maqoyda, Celana Alla, Maryamd I surely presumence to the lever like, mapinion ly 3-10 - Specific Charles perfer Munte retindato

. "15.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and estimpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after beauting. within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01955. CERTIFICATE OF DEATH

T-m 2 17-1m (15-7/1 5	7 1 1 6 6 7 6
1. PLACE OF DEATH BALTMORE. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARY LAND b. COUNTY BALTO.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville d. NAME OF HOSPITALOR INSTITUTION (if not in pospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
329 Harling face home	ON A FARM?
3. NAME OF First Middle	329 Harlem Lane 28 YES NO.X
(Type or print) Nanny Elizabeth	KIDD 0F ATH 2 14 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
MIDOWED DIVORCED M	arch 29, 1875 90 yrs.
1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Kidd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	Frances Kelley 920 Kent Avenue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Colors Vace	ular alliderel.
Conditions, If any, which	ater es ale stree
gave rise to immediate	- user curio.
cause (a), stating the underlying cause last.	WAF .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a, ACCIDENT WAS UNDERLYING THE 1 20b. DESCRIBE HOW INJURY OCCU	YES NO NO NO NO NO NO NO N
	TAKES. (Enter Medical of Injury in Fact For Fact For Roll 20.)
1 House a m	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
P.m. 19 While Not While at work at work	7)
21. I certify that (I) (this hospital) attended the deceased from	5-29, 1961, to 2-14, 1966, that (1) (we) last
saw the deceased alive on 1944, and that	death occurred at M, from the causes and on the date stated above.
Selfand françois, M.D.	ATTENDING MED. STAFF 7-/1/-//
22c. PHYSIOTAN'S NANUEL J. ROPPICUEZ	726 NOTTIN attan RO
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/16/1966 Loudon Par	k Cemetery Baltimore Md. 25a. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS BULL	TEN 1 E 1066 Tuestes jans
Ivin. t. Jumes dono rote	LAZ DATE FED 13 1300

VR AI5 (4) 2DM 1/65

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1	4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
#	~ CAI	01956 CERTIFICATE OF DEATH	01904
death	E	1. PLACE OF DEATH O. COUNTY Baltimore B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider of STATE b. COUNTY baltimore MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nne
nin 24 hours		BALTIMORE 21 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1456 Galena Road 1456 Galena Road	e. IS RESIDENCE ON A FARM? YES NO
ecuted within	_ =	3. NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Edna Catherine King DEATH Feb. 28	B, 79669
execute	any eve	S. SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 50 yrs. FUNDER Months	Doys Hours Min.
ate be ex	19	during most of working life, even if retired) Housewife Baltimore, Maryland C	TIZEN OF WHAT
certificat g physigi	Then p moval,	13. FATHER'S NAME Thomas Stein 14. MOTHER'S MAIDEN NAME Amelia Storath	
ne death cei	permit.	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 213-10-8861 Henry J. King, Sr. 1456 Galer	
equires that the physician.	-tronsit permit. Then, cremota	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	ONSET AND DEATH
4: The law requires the or attending physician, ite hos been signed by	the buriol-t r to buriol, o	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	
: The la or attence e hos b	for use as the litheralth prior to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
rsician ospital certifical	hed for it. of He	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING PHYSICIAL by the hospital free this certified	be detoched State Dept. of	Hour o.m. p.m. 19 While Not While of work foctory, street, office bldg., etc.)	ounty) (Stote)
OR ATTENDI	hould b	saw the deceosed alive on 106 is 1966, and that death occurred at 11: A M, from couses and an t	the date stoted obove. ATE SIGNED
IR e	director, page 3 should should be filed with the	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	
TO HOSPITAL (Poge 4 may b	ector, p	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
Charles Co.	01		SGNATURE SGNATURE
VR A	A 1/66	3000 E. Baltimore St. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S PARA 2 1956	es Judge

PASTO.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01905

01957

a. COUNTY Bal	timore	MARYLAND	o. STATE Mary	b. COUNTY	Baltimore
b. CITY OR TOWN (If RURAL and give near Areo A	outside corparate limits, write rest tawn) Cres (20)	c. LENGTH OF STAY IN 16	Å.	Acres (20)	URAL and give nearest town)
A NAME OF HOSPITA	L (If not in haspital, give streetydroplane Driv	et address)	d. STREET ADDRESS	plane Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ISABEI	Middle	Last	4. DATE Mon OF DEATH Februa	
5. SEX Female	779 4 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 28. 189	9. AGE (In years last birthday)	Manths Days Hours Min.
10a. USUAL OCCUPATION	ng life, even if retired)	b. KIND OF BUSINESS OR INDU Hotel	0		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Adan	m Parr		Anna Kr	richner	
	yes, give war or dates of service)		NFORMANT avid J. King	Same	ess
Conditions, if on gave rise to im couse (a), stoting the lying cause last.	mediote (DUE TO	Cancery	J. vaerus		
PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING [If EITHER, NOTIFY M		S CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GIV	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year 20d White of w	le Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	, 20f. (City ar town)	(County) (Stote)
saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	1 0/	6	M.D. ATTENDING M.PHYS. DI	M, from the causes an ED. STAFF PHYS. Lige Ave. Balto.	d an the date stated above. 22b. DATE SIGNED February 18, 1966
23a. BURIAL, CREMATION REMOVAL (Specify)	2/21/66 -	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or Baltimore Cou	or county) (State)
24. FUNERAL DIRECTORS Bruzdzinski	Tune of Home	ADDRESS 1407 Eastern Av		D 8Y REGISTRAR 25b, REGI	STRAR'S SIGNATURE

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the paper of the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remark culton papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 24 hours ofter death. VR A15 (4) 15M 9/59

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01958 CERTIFICATE OF DEATH
01906

01330	CERTIFICATI	E OF DEATH	U	1300
PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If institution: F	Residence before admission)
Baltimore	MARINE AND	a. STATE	b. COUNTY	IMORY.
b. CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	Ornorate limits write RIRAL	1 1 1
Write RURAL and give nearest town) Mount Wilson	- 1	C. OTT ON TOWN (IT OUTSIDE)	orporate minto, write noune	and give medicate terms
	1 weeks	ISALTIM	ORE	03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Mount Wilson State Hos	pital	205 DETR	OIT AVENU	YES NO NO
3. NAME OF First DECEASED (Type or print)	Middle	Last 4. DAT		Day Year 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
FEMALE WHITE WIDOWED		12-15-94	Jast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Ki	ND OF BUSINESS OR	11. BIRTHPLACE (County & St.	ate, or foreign country) 12. C	ITIZEN OF WHAT
	DUSTRY ESTICSERVIC	LIENNES		OUNTRY?
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN NAME	9	7511
JAMES NEWTO	N	PARALE	F RACI	e IN
	SOCIAL SECURITY NO. 17.	INFORMANT	Address	C//V
(Yes, no, or unkown) (If yes give war or dates of service)	A :			
1/0 1/1		sp.records, Mt	.Wilson St.	
18. CAUSE OF DEATH [Enter only one cause per Ill		2		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: BR	ONCHO - 1	NEWMONIF		Sweeks
49/X DUE TO				10
	ACTURE O	ENECK O	F FEHER	12 weeks
gave rise to immediate (1 - (- 1 - 1 - 0			
cause (a), stating the DUE TO				es to action
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TIME TO DEATH DUT NOT DELA	TED TO THE TERMINAL DISCASE O	ONDITION CIVEN IN DADT 1/o	19. WAS AUTOPSY
D PARTITION FERSIGNIFICANT CONDITIONS CONTRIBU				PERFORMED?
= INL MONARY		ULL0313002		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO A CONTRIBUTION OF CONTRIBUTIONS OF CON	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In	Part I or Part II of Item 18	.)
	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f	. (City or town) (Cou	unty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While at work		ry, street, office bldg., etc.)	. (010) 07 101111)	(5,500)
p.m. 19 at work				
21. I certify that A (this hospital) attende	d the deceased from	2/13 , 1965, 1		b, that (II) (we) last
saw the deceased alive on 2/3	1966 , and that	death occurred at 920PM,	from the causes and on t	he date stated above.
222. SIGNATURE			22b.	ATE SIGNED
Mewcomes	M.D	. PHYS. DIRECTOR	STAFF D 2/	3/66
22c. PHYSICIAN'S		22d. ADDRESS		-
Wm. Newcomer, M.D., Supe	rintendent	Mount Wilso	n, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or co	unty) (State)
Burial (Specify) 217/66	Meadow Ridge		Elkridge, Md.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY RE		'S SIGNATURE
Ullrich Funeral Home Dundal	k. Md.	ECR 10	1966 Feliant	as Quelas
2 0010001		DATE - D I U	1000	- Kund

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01907

78 E		Keg. 5131. 110. 57 = 0.0
1	MARYLAND O. STA	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
	Eatonsville 6	OR JOWN (If outside corporate limits, write RURAL and give nearest town)
,	diname Of HOSPITAL (If not in haspital, give street address) or institution Halle in lines - Fusting alle 5	703 Johnnyoake Cd e. Is RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Benjamine KII	Lost 4. DATE Month Day Year DEATH February 1966
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. AATE O WIDOWED DIVORCED WIDOWED DIVORCED	
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) The former of the control of the	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Line 14. MO	THER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no. or unknown) (If yes, give wor or dotes of service) 2/6-09-2896-	vs. helson Willingham
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last. (c)	in Vapendar Divisas 15 75
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTIONS CONTRIBUT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO D
		ature of injury in Part I or Part II of item 18.)
	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work 19 at work 1	JURY (Home, farm, t, affice bldg., etc.) (City ar town) (County) (State)
	21. I certify that I attended the deceased from 16-3-, 19 alive on 1-31-, 1966, and that death accurre	ad at & G. M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 209 Frederich Ave.
	PHYSICIAN'S Wilmer K. Gullager C	stoneville, 28 Margland 7
-	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATOR CREMATOR AND ALL SPECIFIC AND ALL SPECIFICATION AND ALL SPECIFIC AND ALL SPECIFICATION AND ALL SPECIFICATIO	ory 22d, LOCATION (City, lown, or county) (State) Correct Haward Co
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS au ADDRESS ADDRESS AU	DATE FEB 4 1966 PROPERTY JUNGER

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be tepped for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

ARYLAND 01908

Division of STATE	SIICAL KESEAK	TH AND KECOKDS,	301 M. PKESTON 3	IKEEL, BALLIMOKE I, M	P
01960	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

1.	PLACE OF DEAT	Н	-1-7-1			2. USUAL RESIDI	ENCE (When	re deceased lived, I	If Institution: Re	sidence before	edmission)
)_	•. COUNTY Baltimore MARYLAND				B STATE	ryland	h col	INTY	Ltimore		
		(if outside corporeta limi d give nearest town) &	ts,	e. LENGTH OF ST.	AY IN 1b		N (If outside ndalk	corporata limits, wr	ile RURAL end	give neerest to	wn)
	d. NAME OF HOSP	ITAL OR INSTITUTION (if not in hosp	ital, give street add	dress)	d. STREET ADDRE	ESS			1 0, 15	RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7400 German Hill Road				740	00 Ger	man Hill	Road		NO.	
3.	NAME OF DECEASED	First		Middla		Last	4. DAT		_	Day Ye	-
	(Type or print)	Herman		Ernest	3	Koch	DEA	Febry	mary 1:	2 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8.	DATE OF BIRTH		9. AGE (In year		YEAR IF UNDE	R 24 HRS.
1	Male	White	WIDOWED	DIVORCE	ы □ Бе	pt. 4, 189	5	70 yrs.	Months D	ays Hours	Min.
		TION (Give kind of work orking tifa, even if retire	10b. KIN	ND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (St.	tale or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY?
	Floris	c	F.	lowers		Maryland.			U. S	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
	Hugo Ko	ch				Matile	da ?				
15.	WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16. S	SOCIAL SECURITY N	NO. 17. II	NFORMANT		Addre	186		
140		lfyesgivewerordatesofs			1	man J. Koci	h 7400	German H	Hill Ros	ad	
	PART 1. DEAT	DEATH [Enter only one IH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO	A.	-5-C-V	1- X	seese				INTERVAL BI ONSET AND	
-	Conditions, if an gave rise to immed (e), stelling the cause last.	biete cause underlying DUE TO	TIONE CONT	EDIRLITING TO DEA	TH BUT NO	A DEL ATED TO THE TER		ASS COMPLY ON C			
CERTIFICATION	PARI II. OTHE	R SIGNIFICANT CONDIT	1	no					IVEN IN PART		ORMED?
	20m. EXTERNAL C PRIMARY ☐ or CO CAUSE OF DEATH	ONTRIBUTING 🗆	Ob. DESCRIE	SE HOW INJURY O	CCURRED.	(Enter neture of injury .	in Pert I or Pe	ort II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	URY Month, Dey, Yee	While	Not Whila at work		CE OF INJURY (Homa, f rry, street, office bldg.,		(City or town)	(Count	ואו	(Stete)
		hat I took charge o			. 1			<u></u>		and in my	opinion
	death resulted	from: Natural ca	uses []	Accident [Suici	de, Homicid		Undetermined	manner		
	ACTUAL SIGNATURE	MOD	an	1 m	J	ASSISTANT W				DATE SI	GNED
	EXAMINER'S NAME (Type)	M.B. Davis	,	D.		DEPUTY MEDIC		or county) 680	0 Morni	ington 1	Road
220		ON, 226. DATE THERE	OF 2	22c. NAME OF CE	METERY OR			CATION (City, tow		(Sta	
]	REMOVAL (Specify	2/16/66			Heart	Cemetery		Baltimor	e, Md.		
23	FUNERAL DIRECTO		14-04	ADDRESS		24a, I	REC'D BY REG	SISTRAR 24b. RE		NATURE	
	Ullrich F	Funeral Home	Dunda	alk, Md.		F.E.E	3 2 1 1	966 100	iarles	udge	

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7.1.14 , 2.1.4 v		The party		THE STREET OF TRACE IN	
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	A PARTY OF THE PROPERTY OF THE PARTY OF THE		1	The state of the state of	n n 1
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				1 th 31 th 52	
	31A31				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01961
CERTIFICATE OF DEATH

PLACE DE DEATH

1. PLACE OF DEATH 2. COUNTY BALTIMORE MARYLANI	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE D. COUNTY MARYIAND							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)								
FORT HOWARD 11 DAYS	BALTIMORE 30 - 4							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre								
VETERANS ADMINISTRATION HOSPITAL	2879 MAYFIELD AVENUE YES NO.							
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) EDWARD CHARLES	KOENEKE DEATH FEBRUARY 19 19 66							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MAY 22, 1889 76 Yrs. Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT							
SPRINKLER FITTER	BALTIMORE, MARYLAND COUNTRY? U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
CHARLES KOENEKE	FREDA							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1	17. INFORMANT Address							
YES (154 05 1,583 C	CLIN. REC., VAH, FT. HOWARD, MARYLAND							
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT MIDDLE CERI	EBRAL ARTERY THROMBOSIS ONSET AND DEATH							
332 Y DUE TO								
Conditions, if any, which) (b)								
gave rise to immediate (
underlying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.)							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While fa	actory, street, office bldg., etc.)							
21. I certify that (1) (this hospital) attended the deceased from	Feb. 8 3:3019 66, to Feb. 19 , 19 66, that (K (we) last							
	that death occurred at a. M, from the causes and on the date stated above.							
22a. (SIGNATURE)	22b. DATE SIGNED							
four Channel h	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 2-19-66							
PHYSICIAN'S NAME (Type) LOUIS E. KIMMEL, M.D.	22d. ADDRESS							
	VAH, FORT HOWARD, MARYLAND							
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET Feb. 22, 1966 CEDAR HILL	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BROOKLYN, MARYTAND							
24. FUNERAL DIRECTOR MCCULAPPRESUNERA								
130 E. FORT AV								

BALTIMORE, MD.

VR A15 (4) 20M 1/65 DATE OF THE PARTY OF THE PARTY

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LOUIS E. RIMME, M.O. V.S. . T.P. COURS, STREET

PM/ STORTINGS

ely filled in borne funeral director, Pages 1 and 2 shauld be filed with D FUNERAL DIRE. OR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and death. the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	01962			CERTIF	ICAT	E OF DEAT	Ή		Reg. Dis	st. No.() 1	910
1. Pi	ACE OF DEATH	Baltimore		MARYLA	- 11	o. STATE Mary		d lived. If institutio b. COUNTY	n: Residence		nission)
	RURAL and give	TIMORE-	22	NEEK			outside corpo	orote limits, write RL	IRAL ond g	give nearest to	own) - /
d	OR INSTITUTION	17AL (If not in hospital, g		55)		d. STREET ADDRESS 7311	Geis A	lvenue		ON	RESIDENCE I A FARM?
D	AME OF ECEASED Type or print)	CHARLE		Middle W.	KR	AEMER Lost	4. DATE OF DEATH	Februar		2 Doy	Year 66
	Male	6. COLOR OR RACE White	WIDOWED 3		o F	eb. 19, 18		last birthday) 70 yrs.		Days Hou	
	Retire	ION (Give kind of work orking life, even if retired		of Business or Lehem Stee	el	Baltimor	e, Mary			IZEN OF WH	AT COUNTR
	ATHER'S NAME	Charles H				Catherine					
15. V Yes.	NAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s		AL SECURITY NO.	17. INFO	mant dinand J.	Kraemer	Addre		Road	
		immediate DUE TO	CA	HRLING	MA	1. Livi	ER.			ONSET AN	NO DEATH
04 (20g. ACCIDENT V	THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH				RELATED TO THE TER			N IN PART		FORMED?
٠, ١	(IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	Y MEDICAL EXAMINER) IRY Month, Day, Yes		Not while _	0e. PLACE factory	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(C	County)	(State)
	21. I certify is alive on	hat I attended the	n. 6		leoth oc	1957, 10 curred of 650 6909	ADDRESS (St	1966 the causes are reet, city or town, s 3+ Rd 1D. 2121	nd on th	last sow the me date sto	pted abov
220.	BURIAL, CREMATI REMOVAL (Specif BURIAL	on. 226. DATE THEREO 2-5-1966		NAME OF CEMETO Oak Lawn	ERY OR CR		22d. LOCAT	ion (City, fown, or	county)		tote) ind
	UNERAL DIRECTO	eiler Inc.		ADDRESS Eastern A	ve.	240, REC	D BY REGIST	1- 1-1-1-01	RAR'S SIG	NATURE	

TO FUNERAL DIRE TO HOSPITAL OR

VS A15 (4) 15M 10/57

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Control of the South			
	and the state of		disno zado
		very maken 1951	on to let inc.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF S	TATISTICAL RESE	ARCH AND RECO CERTIFIC			STREET,	BALTIMO	RE 1, M/	ARYLA	ND	
1.		ALTIMORE	MARYLAI	a. STA	L RESIDENCE (ATE Maryl		d lived, If inst b. COUN		sidence be	fore aum	ission)
	b. CITY OR TOWN (if outs write RURAL and give Baltu	ide corporate limits, nearest town) MOTO	C. LENGTH OF STAY IN	c. CITY O	R TOWN (IF out		te limits, wri	te RURAL a	ind give	nearest	town)
	d. NAME OF HOSPITAL OR	institution (if not in h	ospital, give street addi	d. STREET	AOORESS			2		ON A FA	
3.	NAME DF DECEASED (Type or print)	First SADIE	Middle KRAMER	Las			Month	1966	Oay	Year	-
		R OR RACE 7. MARRIED			BIRTH	19. AG	E (In years	IF UNDER 1			24 HRS. Min.
10a dui	a. USUAL OCCUPATION (Give ring most of working life, e Houseway	kind of work done 10b. K ven if retired) 1 2	NIND OF BUSINESS OR NOUSTRY		HPLACE (County	y & State, or i	2 1	COL	UNTRY?	WHAT	
13	FATHER'S NAME	r Stoop		14. MOTI	HER'S MAIOEN UNKNOW						
	5. WAS DECEASED EVER IN U. es, no, or unkown) (If yes give	S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Addres		z Rd.		
	18. CAUSE DF DEATH (E PART I. DEATH WAS IMMEDI 260 X Conditions, If any, whic gave rise to immediat cause (a), stating th underlying cause last.	CAUSED BY: DATE CAUSE (a) OUE TO Ch (b) OUE TO	terioscle iabetes -	Huomi Hyper	boses least a kuni	liseas	e			AND DE	
RTIFICATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT DESCRIBE HOW INJURY	//					19. W P YES	VAS AUTO ERFORM N	OPSY IED?
MEDICAL CE	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY M Hour a.m. p.m.		k Not While	PLACE OF INJUR	tY (Home, farm, fice bidg., etc.)	20f. (City	or town)	(Coun	that		ate)
	saw the deceased a 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	4 (7)	MULL, and	that death doo	ING MEO	M, from	STAFF PHYS.		e date s	stated a	
23	REMOVAL (Specify)	23b. DATE THEREOF 2/23/66	23c. NAME OF CEMI Shaarei Z ADDRESS		TORY	23d. LOCAT Balt	inore,	Mary	land	(Stat	te)

VR AIS (4) 20M 1/65

NERAL DIRECTOR ADDRESS
LEVINSON & BROS INC. 6010 Reist.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01964 CERTIFICATE OF DEATH
01912

1.	PLACE DF DEAT a. COUNTY	Baltimore				 USUAL RESIDENC a. STATE 	E (Where	e deceased lived, If b. CO	YTAU		
_	h CITY OR TOU	N (if outside corpora		MARYLAND		OTTO OR TOWN (IC	A-1-f-			tlmo	
	write RURAL	and give nearest tow rlea	(n)	c. LENGTH OF STAY IN 1	B	c. CITY OR TOWN (If Overlea Ru		corporate limits,	WIILE KUKA	O =	- /
			ON (if not in ho	spital, give street addres	ss)	d. STREET ADDRESS				0	. IS RESIDENCE
		3 Manor Ave	#6			3 Manor Road #6					ON A FARM?
3.	NAME DF DECEASED (Type or print)		rst 11wood	Middle M.		Last Kranz	4. DA OF DE		th	28	19 ⁶⁸
5.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	1	DATE OF BIRTH 1-10-1891		9. AGE (In year last birthda)	Months		Hours Min.
10 du	ring most of work	ION (Cive kind of work ing life, even if retire Examiner	d) 1N	ND OF BUSINESS OR DUSTRY S. Army		Baltimore		tate, or foreign coun		OUNTRY	?
13	. FATHER'S NAM	E			1	14. MOTHER'S MAID					
		George A					H;	alett Mar	tin		
15 /V	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S	SOCIAL SECURITYNO. 1	7. 11	VFORMANT		Add			
	Yes	WW1	21	8-22-0138	Mrs	Anna P. K	ranz	3 Manor	Road	Balt	imore _
		DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	: 01	he for (a), (b), and (c).]	-	Cardio rus	cula	- Desein	r.	ONS	RVAL BETWEEN ET AND DEATH
	420	DUE	TO	M. M.		eil Infarcto		· h. +224		183	U
	Conditions, If	Immediate	(b) C/CC	verice regreco	na	en anguler	iones o	a part & of	9	-	
	cause (a), s underlying caus		(c) and	Congestine	fail	lue.					
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBU	TINC TO DEATH BUT NOTE	ELATE	ED TO THE TERMINAL D	DISEASE	CONDITIONGIVEN	N PART 1(a)	19. YES	WAS AUTOPSY PERFORMED?
	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH	ESCRIBE HOW INJURY OF	CCURF	RED. (Enter nature of	injury i	n Part I or Part II	of Item 18	3.)	
MEDICAL	20c. TIME OF Hour a.: p.		Year 20d. IN While at work	Not While fa	PLACE	OF INJURY (Home, fa , street, office bldg., e	tc.)	f. (City or town)	(Co	unty)	(State)
				d the deceased from.		964 , 19		to 2-28			at (I) (we) las
		ceased alive on	1-27 -	6619 and t	hat d	leath occurred at_	6/+M	, from the cause			
	22a. SICNATU	John C. 1	Le		M.D.	ATTENDING PHYS.	MED.	R STAFF			-66
	22c. PHYSICA NAME (T		C. 14	lyle		22d. ADDRESS	B	lai Pe	Bu	lt:	de mel
23	a. BURIAL, CREM REMOVAL (Sp Burial	MATION, 23b. DATE (CITY) 3-2-19		23c. NAME OF CEMET Gardens of		ith Cemete	ry	LOCATION (City, Baltimore	, Co.		(State)
24	FUNERAL DIRI	CTOR	0))_	ADDRESS 7401 Palan	(3	DAMAR		EGISTRAR 25b.	RECISTRAL		ATURE
0	MASAK	n dunina	1 vous	-110119WAA	10	OCO STATE DANIEL ILLE	- 44	10001		1	-0

VR A15 (4) 20M 1/65

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	01965	N OF STATISTIC	MARY CAL RESEA	LAND STATE DE RCH AND RECORD CERTIFICAT	EPARTMENT OF s, 301 W. PRESTOI E OF DEATH	HEALTH N STREET, BALTIMOR	E 1, MARYLAND 01913
1.	PLACE OF DEATH a. COUNTY	l timore		SASDVI AND	2. USUAL RESIDENCE a. STATE Marvla	b. COUNTY	ution: Residence before admission)
	b. CITY OR TOWN write RURAL	N (if outside corpora and give nearest tow	te limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
	d. NAME OF HOS		N (if not In hos	pital, give street address	Baltim d. STREET ADDRESS	ore 12	e. IS RESIDENCE
	Armaco	st Nursin	g Home		304 Ov	erbrook Road	ON A FARM? YES NO A
	NAME OF DECEASED (Type or print)		rst K • Ma	Middle arguerite	Last Krause	4. DATE Month OF DEATH Feb.	19 19 66
5.	SEX F	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years IF last birthday) M	Onths Days Hours Min.
10a. durl S€	USUALOCCUPAT ng most of work	ION (Give kind of work ing life, even if retire y-Retired	done 10b. KIN d) Balto	D OF BUSINESS OR DUSTRY D. Welfare E	11. BIRTHPLACE (Co	imore, Md.	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM		<u>.</u>		14. MOTHER'S MAID		
		ob Krause	DCEC2 16 C	OCIAL SECURITY NO. 17.		Unklebach	
(Yes	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	1000	s.Mable E.		eme)
1		DEATH [Enter only on ATH WAS CAUSED BY	. ^	e for (a), (b), and (c).]	MARC	111256	ONSET AND DEATH
	163	IMMEDIATE CAUSE	(a)	1001110	7177 64	~ 0 , 4 0	1 724
	Conditions, if	any, which }	(b)				
	gave rise to cause (a), st	tating the DUE	ТО				
NO.	underlying caus		(c)	ING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
CATI			Trone				PERFORMED? YES NO X
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING NO CAUSE OF DEA		SCRIBE HOW INJURY OCC	CURRED. (Enter nature of	injury in Part I or Part II of I	Item 18.)
MEDICAL	20c. TIME OF I Hour a.m		Year 20d. INJ	Not While fac	ACE OF INJURY (Home, fa tory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
	21. I certify	y that (I) (this-hos	pital) attended	the deceased from Z	1 cg / 1 , 19	961 to Feb 19	, 1966, that (I) (we) last
	saw the dec	ceased alive on	1 1 5	19and th			nd on the date stated above. 22b. DATE SIGNED,
	F	1.J. C	half	cliv M	.D. PHYS.	MED. DIRECTOR PHYS.	Feb 21.66
	22c. PHYSICIA NAME (Ty		Chalf	ant	22d. ADDRESS 6210	York Road	
23a.	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	Burial FUNERAL DIRE	12/22/	1966	Baltimore	l 25a. REG	Baltimore	Md
	W.Jenki		s Co. B	ADDRESS 1905 York F	Road	EB 2 3 1966	Charles Judge

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Commence take, Colony Hiller, Pt.

DIVISION OF STATISTICAL RESEA	RCH AND RECORDS	PARTMENT OF HEAD, 301 W. PRESTON ST		E 1, MARYLAND		
PLACE OF DEATH a. COUNTY Baltimore	MARYLAND			tution: Residence before admission) Baltimore		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Dundalk 21222				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos Res., 6917 Holabird A		d. STREET ADDRESS	oird Avenue	9. IS RESIDENCE ON A FARM? YES NOTE		
NAME OF First OECEASED (Type or print) KATHARYN		Lest 4. DATE Month Day Year OF DEATH FOb. 5- 19 60				
Fomalo White widowed		June 19-1898	lact hirthday)	UNDER I YEAR IF UNDER 24 HRS. onths Days Hours Min.		
Oa. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Housewiff	DUSTRY	11. BIRTHPLACE (County & Maryland	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME Samuel Robertso	n	14. MOTHER'S MAIDEN NA Ella Wi				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S Yes, no, or unknown (If yes give war or dates of service)		informant cand, Mr. Gi.	Address Lbert Lake	, # 2,a,b,c,d		
18. CAUSE OF OEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H 4 3 X Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions (b) DUE TO Conditions (c) Chron	A	terioscleratic Car with kt hemisle	rdiomseular disease zia & Aphas	interval between onset and death years. ia 3 years. 3 years.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		TED TO THE TERMINAL DISEASE RRED. (Enter nature of Injury		PERFORMED? YES NO		
	Not While at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	Of. (City or town)	(County) (State)		
21. I certify that (I) (this hospital) attended saw the deceased alive on Feb. 5 22a. SIGNATURE PHYSICIAN'S NAME (Type) Ataollah	19 66, and that	death occurred at 3 P.I. ATTENDING MED. PHYS. DIRECT 1 22d. ADDRESS	OR STAFF PHYS.	, 1966, that (I) (we) last ad on the date stated above. 22b. DATE SIGNED Feb. 7-1966 undalk, Md. 22		
3a. BURIAL CREMATION, 23b. DATE THEREOF FOR 9-1966		rt of Jesus 1		al. Co. Md.		
JOHN J. DUDA, Dundalk,	Address Md • 21222	DATE B 9		ISTRAR'S SIGNATURE		

VR AI5 (4) 20M 1/65

SSSIS SILABROUN ARRY PI TO LOT TO LOT THE AVERAGE elmora region of 120 ... The desired near the second of the second of the second .a.u.U Beerland U.u.u. edida agir o in the special section of the sect The second second to A at 1 and the second s ACTION OF THE WORLD SERVICE SERVICES AND ACTION OF THE PROPERTY OF THE PROPERT The same of the sa 100. - Total Time at the last total Total Total ACCOUNT TO BE SEED TO SEED THE TOTAL THE SEED OF THE SEE tilel dos. - Leff desert to the to of the the state of the to the

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executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealing. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bege 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01968
CERTIFICATE OF DEATH
01916

1. PLACE OF DEAT	Н			ľ	2. USUAL RESIDENCE a. STATE	E (Where d			sidence bet	fore admission)
	imore		MARYLAN	ND I	a. SIAIE Marvla	nd	b. coun	altim	ore	
b. CITY DR TDW Write RURAL	N (if outside corporate and give nearest town	limits,	c. LENGTH OF STAY IN		c. CITY DR TOWN (If	outside co	rporate limits, wr	Ite RURAL	and give n	earest town)
Holbro					Pikesv	ille		. (12 -	
	STATE THE PASTING ON		spital, give street add	ress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	nd Robinson				508 Su					□ ND □
3. NAME DF DECEASED	Firs		Middle		Last	4. DATE			Dey	Year
(Type or print) 5. SEX	Lei	18	D.			DEAT			28.	19 66
and the second	6. COLOR OR RACE	-		□ ⁸	. DATE DF BIRTH		last birthday)	Months i		ours Min.
Female	White	WIDOWED			June 21, 18		89 yrs.			
during most of work	TIDN (Give kind of work ding life, even if retired)	one 10b. KII	ND DF BUSINESS OR DUSTRY		11. BIRTHPLACE (Co		e, or foreign country	12. CI	TIZEN DF '	WHAT
Housewi					Marylan					
3. FATHER'S NAME					14. MOTHER'S MAIO	EN NAME				
	Schlesinger				7					
(Yes, no. or unknwn)	EVER IN U.S. ARMED FDR (If yes give war or dates of	CES? 16. S	SOCIAL SECURITY ND.		INFORMANT		Addres	S		
No	None	21	9-10-7952	Mr	s. B. Nost	same	address	as ab	ove	
18. CAUSE DF	DEATH [Enter only one	cause per IIr	ne for (a), (b), and (c).]						INTERVA	L BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (· 1/	LREMIA						DNSEL	AND DEATH
446			A							
Conditions, If	eny, which \	N	lephrosclo	מייו (sic					
gave rise to	Immediate (, - / - / - / - /		/1.3					
cause (a), s underlying caus	tating the									
-	SIGNIFICANT CONDITION	C) IS CONTRIBUT	TING TO DEATH BUT NOT	rrela'	TED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN	PART 1(e)		AS AUTDPSY
S'eui	lity ou	0 0		red					YES [RFDRMED?
20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DEATH	1	ESCRIBE HOW INJURY	occu	RRED. (Enter nature of	Injury in I	Part I or Part II o	f Item 18.		
20c. TIME DF	INJURY Month, Day, Y	eer 20d. IN	JURY OCCURRED 20e	PLAC	E DF INJURY (Home, fa	rm, 20f.	(City or town)	(Cou	nty)	(State)
20c. TIME DF Hour a.s		While at work	Not While at work	factor	y, street, office bldg., e	tc.)				
21, I certif	y that (I) (this hospi	tal) attende	d the deceased from	n	2-17- 1	966, tr	2-28	-, 196	6, that	(I) (we) last
	ceased alive on		8- 1966, and			A.M. f	rom the causes	and on th	e date s	tated above.
22a. SIGNATU	1100	0	3 2-11					22b. D/	TE SIGNE	D
Ce	un Valle	Cor	ero	M.D.	ATTENDING X	MED. DIRECTOR	STAFF PHYS.	2 -	- 58-	.66
22c. PHYSICIA NAME (T	AN'S CESAR L	ALLE	CAVERO		22d. ADDRESS 8629	Libe	ety R	d		
23a. BURIAL, CREA	MATION, 23b. DATE TH	IEREDF	23c. NAME OF CEM	ETERY	DR CREMATORY	23d. I	OCATION (City, to	wn or cou	nty)	(State)
REMOVAL (Sp Burial	MATIDN, 23b. DATE THE CELLY)	66	St. Pauls	Cem	etery	Vi	oletville	. Md.		
24. FUNERAL DIRI			ADDRESS	1	mel 25a. REC	C'D BY REC	ISTRAR 25b. R	EGISTRAR'S	SIGNAT	JRE
Wm. 1 5	Terkner	1.800	Ball	37	PE DATE	MAR 1	1966	ocho	reo!	Judge

VR AIS (4)

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		1	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Page 4 may be retained by the hospital or attending physician. CO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Auneral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Debt, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.))
0	O a	D .A	

VR A15 (4) 20M S-63 MARYLAND STATE DEPARTMENT OF HEALTH
PIWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI

	01969	CERTIFICAT	E OF DEAT		ALTIMORE 1,	01917
1.	PLACE OF DEATH	1	2. USUAL RESIDEN	CE (Where decessed	lived, If institution:	Residence belore edmission
	Baltimore	MARYLAND	a. STATE Mary		Ba	ltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate lin	nits, write RURAL an	d give nearest town)
	Eastwood		Eastwood			03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS			e. IS RESIDENC
		21224		h Street	21224	YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey Yeer
_	(Type or print) John	F.	Lease		bruary	0, 19 00
5.	M 1 1311 · .	THE THE MAKEED	DATE OF BIRTH		In years IF UNDER 1 rthdey) Months	Deys Hours Min.
10	. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (COUR	nty & Stete, or loreign	yrs.	IZEN OF WHAT COUNTR
d	one during most of working life, even if retired)	6	0 11			
13	COLOR Blender An	nerican Standard	Bellona,	Pennsylva	ria U	.S.A.
	Stanlan Laure		Valerie :	2		
15	Stanley Lease WAS DECEASED EVER IN U.S. ARMED FORCES? 10	S. SOCIAL SECURITY NO. 17. IN	FORMANT	-	Address	
	es, no, jor unkown) (If yes give wer or dates of service)	01201/1170 4		72/2/	Court Cda	- 4 2/22/
-	IB. CAUSE OF DEATH [Enter only one cause per		ugusta Lease	1213	Jough Stre	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bron	chargue (10-1 curren		ONSET AND DEATH
	1621 DUE TO		0			
	Conditions, if any, which (b)					
	gave rise to immediate ceuse (e), steting the underlying DUE TO					
	ceuse last. (c)					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMS	NAL DISEASE CONDIT	ION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	n Part I or Part II of ite	m 1B.)	
MEDICAL	Hour a.m. Wh	ileNot While factor	E OF INJURY (Home, ferr y, street, office bldg., etc		n) (Cou	inty) (Stete)
~	21. I certify that (I) (this hostifal) after		NW-11	1062 in Ser	27 10	65, that (I) (we) to
	saw the deceased alive on Teb.	1966, and that o	leath occurred af	59M, from the c		ne date stated above
	Danyel f. de Je	М.с	PHYS.	MED. STA		Feb 8, 1966
	PHYSICIAN'S NAMENTIPPY NUEL P.D	E KRON MIL	22d. ADDRESS 2840	Rostein	aug- E	Buet. 24
23	e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2-9-66	Holy Rosary	r CREMATORY (emetery	Baltimone	(City, town or count	y) (Stete) Maruland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 224 Eastern Ave.		C'D BY REGISTRAR	256. REGISTRAR'S	SIGNATURE Judge
	7.5.		1 Tan W	1 - 1000		1/ - 0

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15 to 100		Acre.	No and Company of VST
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	un madel m	her Carolination	John Maries
			perce language

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH 019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o. STATE b COUNTY Page ot Baltimore death. MARYLAND delay ent b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) partmo Rural Sykesville after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESSfarm Balto. Co. Gen. Hospital Pages 0 death. 3 NAME OF First Middle Lost 4. DATE Month DECEASED Gurney 0. Leatherwood Give (Type or print) DEATH within Feb. alang 24 haurs after S SEX with 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years (asterirthday) 6-7-1900 Male White WIDOWED DIVORCED event in Item 1 Office N YIS. and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) . INDUSTRY dny Auto Mechanic- Retired Md. pages Examiner pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within 2 Vivian Leatherwood Florence Alexander File pup 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Medical permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removal pending" Mrs. Helen Leatherwood, Sykesville, Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) Chief / burial-transit PART I. DEATH WAS CAUSED BY Acute Coronary Occlusion OL IMMEDIATE CAUSE (o) ward This certificate should crematian, DUE TO Arteriosclerotic C-V Disease Conditions, if ony, which gove the rise to immediate couse (a). to DUE TO 0 stoting the underlying couse writing 1 farwarded SD last burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, D 2Do EXTERNAL CAUSE WAS priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING should EXAMINER: CAUSE OF DEATH. none agent, 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town)

While

at work

Not While

ot work

Accident

Hour o.m. 21. I certify that I took charge of the remains described above, held an Autapsy death resulted from:

SIGNATURE **EXAMINER'S** NAME (Type)

24. FUNERAL DIRECTOR

ACTUAL

Caples, M. D.,

Natural causes X

6 Hanover Rd. AdResster attown quality d.

Suicide

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Hamicide

foctory, street, office bldg., etc.)

22. DATE SIGNED

BURIAL CREMATION. DATE THEREOF

none

NAME OF CEMETERY OR CREMATOR ADDRESS

Inspection K.

2-25-66 (County) (Stote)

Carroll

Day

25

Dovs

12. CITIZEN OF WHAT

U.S.A.

COUNTRY?

IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM?

NO X

19 66

E UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

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1 yr

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(County)

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DIRECTOR: Page

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O FUNEI Health

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE 1956

Inquiry X

Undetermined manner

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17	600 JU 7-1 312679	
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Topographic Committee

by the funeral pges 1 and 2 us ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 78 is MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1971 CERTIFICATE OF DEATH
01919

				-							
1. PLACE OF DE a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b. COUNTY					ission)	
	Balti		MARYL	ANO	Marvlan	d		L	Baltim	ore	
b. CITY DR T	DWN (if outside corpora RAL and give nearest to	te limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside	corporate IIm	lts, write RL	JRAL and gli	ve nearest	town)
	Balti				Besterios	xx Du	ndalk		03	-1	
d. NAME OF	HOSPITAL OR INSTITUTI	ON (if not In ho	ospital, give street ad	idress)	d. STREET AOOR	ESS				ON A FA	
		oseph H			7302 Du			21222		YES N	10 🗶
3. NAME OF DECEASEO		irst	Middle	~	Last	0	ATE F	Month	Day	Year	
(Type or prin		seph	Stephen		chert, Jr		EATH	2	9	19	
5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO				9. AGE (In last birt	hday) Mont		Hours	Min.
Male	White	WIDOWED	OIVORCED	-	2/9/66			yrs.			14_
during most of w	PATION (Give kind of work orking life, even if retire	done 10b. KI	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLAC			country) 1	2. CITIZEN COUNTRY	Y WHAT	
	None				Baltimo						
13. FATHER'S N			14. MOTHER'S								
			kert, Sr.		Joann F	ischer					
	ED EVER IN U.S. ARMED FO n) (If yes give war or dates		SOCIAL SECURITYNO.	-	INFORMANT			Address			
NO			NONE	10	seph Leck	ert	7302 D	unbroo	k (to	2122	2
	OF OEATH [Enter only or		ne for (a), (b), and (c)).]						RVAL BET	
PART I	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Pete	echial hemo	rrha	ge of lu	ngs, b	rain, sr	nall	5110		
1610	OUE	3-4-	estines.								
	If any, which \		ent foramer	OVE	le						
	stating the OUE	T0							W. F.		
underlying	cause last.		halhematoma								
PART II. OTH	ER SIGNIFICANT CONDITI	ONSCONTRIBU	ITING TO DEATH BUT N	OT RELA	TED TO THE TERMI	NAL DISEASE	CONDITIONGI	VEN IN PART	1(a) 19.	WAS AUT PERFORM	OPSY IED?
1cA									YE		10 🔲
	NT WAS UNDERLYING UTING CAUSE OF DEANOTIFY MEDICAL EXAM	(TH (NER)	DESCRIBE HOW INJUR	RY OCCU	RREO. (Enter natu	re of Injury	In Part I or Pa	rt II of Iter	n 18.)		
	OF INJURY Month, Day,	Year 20d. If	NJURY OCCURRED 2	Oe. PLAC	CE OF INJURY (Horry, street, office blo	ne, farm, 2	Of. (City or to	own)	(County)	(St	ate)
Hour Hour	a.m. p.m. 19	While at work	Not While	ractor	J, Sileet, Unice Dic	18., etc.)					
	rtify that (I) (this hos			om	2/9/	. 19 66	, to 2/9/	1	9 66, tl	at (I) (w	e) last
	deceased alive on	/9/	1966 a	nd that	death occurred	at12:25	M, from the ca	auses and			
22a. SIGNA	TURE 100 0/	1	0		J. J. Barrier	1		221	O. OATE SI		
	Wills.	mid	2	M.0	PHYS.	MEO.	OR STAFF	区 2	/10/66	5	
	CIAN'S (Type) D D C		14 D		22d. ADDRES				363	o Toole	
	D.R. Go	vinda R	ao, M.D.		7620 Y		i., Balt				
23a. BURIAL, C REMOVAL	REMATION, 23b. OATE	THEREOF	23c. NAME OF CE			230	LOCATION (City, town o	or county)	(Sta	te)
Buri	al 2-11	-66	gardens of	offe			Baltim		unty	Md	
24. FUNERAL C			AOORESS	100	-		REGISTRAR 2	5b. REGIST	RAR'S SIGN	IATURE	
(har	les S. Zeile	n 6.	224 Easter	n Av	e. #24 DAF	ED 14	1 1956	Jula	rees of	udge	

VR A15 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11972			CERTIFICA	TE OF DEA	TH			019	20
1.	PLACE DF DEAT	Н				ENCE (Where d	leceased lived, If In		sidence before ade	mission)
		ALTIMORE		MARYLANI	a. STATE	MARYLA	IND b. COUL	WICC	MICO V	
	b. CITY OR TOW Write RURAL	N (if outside corporate time and give nearest town)	its, c.	LENGTH DF STAY IN	1b c. CITY OR TOWN	(If outside co	orporate limits, wi	rite RURAL	and give nearest	town)
	FORT HO	WARD		11 DAYS		SALISB	URY	0	22-7	
Α,		SPITAL OR INSTITUTION (if			ss) d. STREET ADDRE	SS			e. IS RESI ON A F	
_		ADMINISTRATIO	ON HOS	PITAL	553 E	AST ROA	D		YES	ND X X
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	.h	Day Year	r
-	(Type or print) SEX	FRED			LEE	DEAT	T TIDESON		5 19	66
		The state of the s	ARRIED [NEVER MARRIED 2		9		The second second second	Days Hours	Min.
	MALE		DOWED	DIVORCED	3/9/09	(0 =1 0 01 1	yrs.) 10 0	TIZEN OF WHAT	
		IDN (Give kind of work done ing life, even if retired)	INDU		11. BIRTHPLACE	(County & Stat	e, or foreign country	CO	TIZEN OF WHAT UNTRY?	
	ABORER FATHER'S NAM	(F	CONS	TRUCTION		FLORID	A	U.S.	Α.	
15.		GAR BRADLEY			14. MDTHER'S M		מקודד			
15		EVER IN U.S. ARMED FORCES	7 16 SDC	IAL SECURITY ND. 1	17. INFORMANT	MAE MI	Addre	966		
(Ye	es, no, or unkown)	(If yes give war or dates of servi	(e)					33		
	YES 18. CAUSE DF	DEATH [Enter only one cau			LIN. RECORDS	, VA HO	SPITAL,	FT HOW	ARD, MD	
		EATH WAS CAUSED BY:			A			0	ONSET AND D	
	11/ =	IMMEDIATE CAUSE (a)_	PULM	ONARY EDEM	H.				HOOKS	
	Conditions, If	any which \	PULM	ONARY EMBO	LUS			N'EF	HOURS	
	gave rise to	Immediate (DUE TO		,						
	cause (a), so	tating the	THRO	MBOPHLEBIT	IS, LEGS				DAYS	
NOI		SIGNIFICANT CONDITIONS C	NTRIBUTIN	GTD DEATH BUT NOT R	ELATED TO THE TERMIN	AL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19. WAS AUT	
CAT	ANEURYS	M OF AORTA DU	E TO S	YPHILLIS W	ITH AORTIC]	INSUFFIC	CIENCY O	22 X	YES 1	NO X
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING I		RIBE HOW INJURY O	CCURRED. (Enter nature	e of injury in I	Part I or Part II	of Item 18.)		
	(IF EITHER, NO	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)								
MEDICAL		INJURY Month, Day, Year		2.	PLACE DF INJURY (Home	e, farm, 20f.	(City or town)	(Cour	nty) (S	tate)
MED	Hour a.r		While at work	Not While	actory, street, omcebids	g., etc.)				
	21. I certif	fy that ★ (this hospital)	attended t	he deceased from	1/25/66	. 19 to	2/5/66	, 19	, thatook (w	e) last
		ceased alive on 2/5/	66	, and	that death occurred a	6:45PM, f	rom the causes	and on th	e date stated	above.
	22a. SIGNATU	RE 9	(1)	0	ATTENDING -	MED.	STAFF -	1	TE SIGNED	
	DIIVALATA	Horge	Du	das,	M.D. PHYS.	DIRECTOR	PHYS. X	2/	8/66	
	22c. PHYSICIA NAME (T		DAS, M	I. D.	VAH F		ARD, MAR	CT A NTO		
232	BUDIAL COEN				ERY OR CREMATORY		OCATION (City, t		nty) (Sta	ate)
238	REMOVAL (Sp		66	Balt M	T CREMATURE	230.	200 Oto	me l	(512	116)
24	BURIAL DIRE	ECTOR	1//	ADDRESS	252	PEC'D BY REG	ISTRAR 25b. R	EGISTRAR'S	SIGNATURE	4
1	0.1	1/.0					1966	yelle	wells Jus	del
1		V Nas	Ur	leans Stre	et. Baltimor	re Md.				

VR AI5 (4) 20M 1/65

VATERALS ADDITION TO BE TAKE THE STATE OF THE PARTIES. CHEULTY, BUDRESS P(62100H181100

AP EET - SEF-RO-SORD DALE RESTORS, VA HORETELL, AT HOLDES, FO.

APPLIED THE WILL

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GEORGE DOMES, M. D. VAN FORE HOWARD, MAKE LAND

E'roy G. Milson Passerd Hose and gradient the grade to the training TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01973	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
BALTIMORI	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TOWSON	BALTIMORE 18 30-4
d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
GREATER BALTIMORE MEDICAL CENTER	3904 HADLEY SG, WEST YES NO WEST
3. NAME OF First Middle DECEASEO	Last 4. DATE Month Day Year
(Type or print) LUCILLE S,	LEE DEATH FEB 25 1966
OF OSEDIT ON THOSE / MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. I years I years Hours Min. Hours
PEMALE WHITE WIOOWED DIVORCED	7/16/1921 44 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NONE	BROOKLYN NEW YORK USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DOHN ARMSTEAD SPILMAN	LUCILE MARTIN
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
NO 230-30-9391	H'& HISTORY
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	TO 10 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	and Core bral edewar onset and oceath
163 X OUE TO Carcurage of	Thung with
Conditions, If any, which (b)	- of the file note their about 1 year
gave rise to immediate cause (a), stating the DUE TO The day loses	2 do brain
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA	YES NO NO
I € OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
S thouse a m	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
P.m. 19 While Not While 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from 2	/20 , 1966, to 2/25 , 1966, that (1) (we) last
saw the deceased alive on 2/25 1966, and that	death occurred at A.M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. OATE SIGNED
22c. PHYSICIAN'S M.O.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
NAME (Type) Lucile A Torres	Grater Ballinor medical Center
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/26/1966 Druid Ridge	
H.W.Jenkins & Sons Co. 4905 York Rd	
H.W.Jenkins & Sons Co. 4905 York Rd	· DATE = 28 1956 yellarles Judge.
7 - 10	

THE PROPERTY WEDDING WEDDING CEANED SERVE THE DEEP PROPERTY. E 24413324 LEMBE WHITE The state of the s The west in a some some the defination of the second of the - Core brok selecuer Carrengium of livery withmedicalence of brain THE LOCAL STATE OF THE STATE OF

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 9

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (11922)

1. PLACE OF DEATH a. COUNTY	 USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss a. STATE D. CDUNTY 	lon)
Baltimore MARYLAND	Maryland Baltimore	
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest to	wn)
Towson	Ruxton 03-/	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDER DN A FARM	
Dulaney-Towson Nursing Home	1402 Locust Ave. YES ND	_
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF	
(Type or print) Leonard M. Leve	ring DEATH February 21 1966	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 241 Iast birthday) Months Days Hours M	HRS.
M WIDOWED DIVORCED	May 22. 1886 79 yrs.	
10a. USUAL DCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?	
Executive Insurance	Baltimore, Maryland U.S.A.	
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
Edwin W. Levering	Mary Gould	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	A
No 219-30-6827Lec	nard M.Levering, Jr. 1402 LocustA	ve
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWE	EN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORDNARY T	HROM BOSIS ONSET AND DEAT	
H 201		
Conditions, If any, which) DUE TO ARTERIOSCL	EROTIC HEART DISEASE 2-3 YM	,25
gave rise to immediate		
cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP	SY
BRONCHIECTASIS DEP	RESSION PERFORMED	1
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY A COLOR OF	RRED. (Enter nature of Injury In Pert I or Part II of Item 18.)	_
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC	E DF INJURY (Home, farm, 20f. (City or town) (County) (State y, street, office bidg., etc.)	è)
20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work at work	y on out on our desiration	
	ULY 27, 1964, to FEB. 21, 1966, that (1) (we)	last
saw the deceased alive on FEB, 3 1966, and that	death occurred at 9 PM, from the causes and on the date stated abo	ove.
22a. SIGNATURE	ATTENDING AMED. STAFF 22b. DATE SIGNED	
Carlton, Stephen M.D.	PHYS. DIRECTOR PHYS. 1	
22c. PHYSICIAN'S NAME (Type) Dr. Carlton L. Sexton	22d. ADDRESS 819 Park Ave.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY		=
Burial 2/24/1966 Saters Bapt		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
H.W. Jenkins & Sons Co. 4905 York Re	oad DATE FEB 23 1966 (Charles Judge	all .
Balto 12 Md	I SUIT	

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
のすのでき	CERTIFICATE OF DEATH	1 27

OLKIIII	IONIE OI DENIII	OTO40
a. COUNTY altimore MARY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL a	30 - 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a	address) d. STREET ADDRESS 5005 CORDELIA AVENUE	e. IS RESIDENCE ON A FARM?
Baltimore County General H	FOS D. II YANXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NOXX
3. NAME OF DECEASED (Type or print) Rose (BAZENSKY)	1 Levin 4. DATE amonth OF DEATH Febuary	Day Year 17 19 6 6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE -emale White WIDOWED DIVORCE	10/00/1988 1ast Dirthday) Months 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OF INDUSTRY AT HOME	POLAND 11. BIRTHPLACE (County & State, or foreign country) 12. CIT COU	UNITEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
? WINDMAN	?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 1 17. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) NO	MRS. DORIS KALIN 4321 KENNISON	AVENUE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ((c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary J.	Mimbous	OHOE! AND DEATH
260X DUE TO 0		
Conditions if any which I Arthur Sel	blesotie " Henry Durane	
gave rise to immediate (b)		
And other source lead	melletis	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0		YES NO
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Add the Hour a.m. While at work at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Cour	nty) (State)
21. I certify that (I) (this hospital) attended the deceased f	from 2-12 19/66 to 2-17 196	6, that (I) (we) last
saw the deceased alive on $\frac{7}{2} = \frac{19}{6} \frac{6}{4}$	and that death occurred at 5 M, from the causes and on the	a data stated ahove
saw the deceased alive on $L = / + 1966$,	and that death occurred at 2	TE SIGNED
1 - · · · · · · · · · · · · · · · · · ·	ATTENDING MED. STAFF 2/	17/66
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	
DR. SIENVENIDOA. CABUAL	y Bolto County Sen. Hosp.	
	SEMETERY OR CREMATORY 23d. LOCATION (City, town or couple BALTIMORE, MARY L	AND (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
SOL LEVINSON & BROS. INC. 6010 REISTERS	STOWN KU DATEB 23 1956 Icharles	Judge

VR A15 (4) 15M 4-64

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THE PLAN A DESIGNATION OF			* 18-4-212
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	12/22/1315	(CASASTAR)	1 65 A 1 1 65 A
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amana a jenaka	5-1-200		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7 4 5			OTO O	,		OLIN I I I I I I I I I I I I I I I I I I	- OI DEAII				OTO,	VX
death,	1	1.	PLACE OF DEAT	Н			2. USUAL RESIDEN	ICE (Where decease			nce before ad	mission)
4 1			a. COUNTY	MCONTEM TAC			a. STATE	d.	b. COUN	ry Simore	Citi	
ours after				BALTIMORE	ta limite	MARYLANO 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		ata limite wri	A PIIRAL and	give neares	t town)
5			Write RURAL	VN (If outside corpora L and give nearest to		C. LENGTH OF STAT IN 15	G. CITT ON TOWN (I	1 outside corpore	ato minto, mi	co (tottom una	6110 1100100	
ir to burial, cremation, or removal, and In any event, within 72 hours				Luthervi	lle	since 1961	Baltimo			5	0-4	
7			d. NAME OF HO	SPITAL OR INSTITUTI	ON (If not In h	ospital, give street address	d. STREET AOORESS		1 026	27.0	e. IS RES	IDENCE
= 9	0		Co	ollege Man	or		Northway A	partmen	ts212	318		NO X
<u> </u>		3.	NAME OF		irst	Middle	Last	4. DATE	Month	I	ay Yea	ır
5			DECEASED (Type or print)				LEVY	OF DEATH	Februa	rw 11	196	6
		15	SEX	KATHARII	1	BECRAFT	8. OATE OF BIRTH		GE (In years			
)	o La	o. Goldi di Made	7. MARKITEO	NEVER MARRIED	o. OATE OF BIRTH	Ja	st birthdey)	Months Oay		Min.
	1		emale	White	WIDOWED		October-16		5 yrs.			
		10a	. USUAL OCCUPATION MOST OF WORLD	TION (Give kind of work king life, even if retire	(done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or 1	foreign country)	12. CITIZ	EN OF WHAT	
			mg moot or more	none		none	Baltimo	re			S.	
		13.	FATHER'S NAM			22.022.0	14. MOTHER'S MAI					
				D 04			lwal:	a Marelen	an + 17			
		15	U O DECEASED	n Becraft EVERINU.S. ARMED F	OPCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	a Maykra	Addres	9		
				(If yes give war or dates								
			no	110	121	6-46-3967 K	arlM.Levy(s	on) Fid	elity I			
130	21		18. CAUSE OF	DEATH [Enter only or	ne cause per	me or (a) (b), and (c).]	12				NTERVAL BE	
Tell and			PART I. D	EATH WAS CAUSED BY		bleviose	lerous)				MOLI AND I	D LATTI
0			1150									
2			Conditions, If									
			gave rise to	Immediate	(b)			1000				
			ceuse (a), s	staring the	T0					- 14		
		2	underlying cau		(c)	JTING TO DEATH BUT NOT RE	ATER TO THE TERMINAL	DISCASE CONDIT	TION CIVEN IN	DADT 1/o)	19. WAS AU	ITOPSV
		CERTIFICATION	PART II. UTHER	SIGNIFICANT CONDITI	IONS CONTRIBI	JIING TO DEATH BUT NOT KE	LATED TO THE TERMINAL	DISEASE CONDIT	ION GIACIA HA	PARTI(a)	PERFOR	MED?
	0	2			4000						YES _	NO [
		E		TWAS UNDERLYING TING CAUSE OF DE	20b.	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of Injury In Part	I or Part II of	f Item 18.)		
		S	(IF EITHER, NO	TIFY MEDICAL EXAM	INER)							
		Ä	20c. TIME OF	INJURY Month, Oay,	Year 20d. I	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Home,		ty or town)	(County	(5	Stete)
2		MEDICAL	Hour e.		While	- NOT WHITE -	tory, street, office bldg.,	etc.)				
		Σ		.m. 19	-		11-10	110	7 -1	10//		-A 1
						ed the decembed from_		1927, to_a	X-1_		that (I) (v	
with the state Dept. of Beatai prior to				eceased alive on	Dans	1960, and th	at death occurred at	1:3UM, from	the causes			above.
=			22a. SIGNATO	IRE PASSED AND	01/11		ATTENDING	MED. P.	STAFF -	22b. DATE	14	
snould be filed	1	Н	_//	V STE	Ancel	/ M	.D. ATTENDING X	DIRECTOR -	PHYS.	2-	12-6	6
9	1		22c. PHYSICI NAME (T	[vna]	1)		22d. ADDRESS					
2			HANG (I	Dr. Wi	Iliam	G. Helfrich	5006 R	oland Av	renue,	Batto.	21210	0
1	1	23a	BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCA	TION (CIty, to	wn or county) (S1	tate)
5	1	6	buria.	Feb.	14,66	Woodlawn		Woo	dlawn,	Md. 2	1207	
0	2	24.	FUNERAL DIR	ECTOR		ADDRESS	25e, R	EC'D BY REGISTR	RAR 25b. RE	GISTRAR'S S	IGNATURE	

Stewart & Mowen Co 108-W-North-Av 21201

VR A15 (4) 15M 4-64

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

ENGIO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH a. COUNTY BALTIMORE MARYLANO b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)

ROSEMONT c. LENGTH OF STAY IN 1b

2.	USUAL RESID	ENCE (Wher	e deceased	lived, l	institu	ition:	Residence	before	admission)
	a. STATE	MARYL	AND	b. C	OUNTY	BA	LTIM	ORE	
Ċ.,	CITY OR TOWN	(If outside	corporate	Ilmits	write	RURA	L and glv	e near	est town)

n) ROSEMONT

	a. MAINE OF THE	SI TIAL OR MATTIC	TION (II HOL III HO	shiral, Risa streat and	1622) u. 2	IKEEI AUUKESS					ON A E	
	2814	LOUISIANA	AVENUE	21227	2814	LOUISIA	ANA	AVE	NUE 21	227	YES 1	NO
3.	NAME OF DECEASED		First	Middle		Last	4.	DATE	Mont	th D	ay Year	r
	(Type or print)	M	ARION	В.	1	LEWIS		DEATH	2	26	196	6
5.	SEX	6. CDLOR OR RA	CE 7. MARRIED	X NEVER MARRIED	8. DA	TE OF BIRTH		9.	AGE (In years last birthday)	IF UNOER 1 YE		
	MALE	WHITE	WIOOWEO [DIVORCEO	2/2	2/1899		XX	67 yrs.	Months Oay	Hours	Min.
10a	a. USUAL OCCUPA	TION (Give kind of w	ork done 1Db. Ki	ND DF BUSINESS OR DUSTRY	11.	BIRTHPLACE (C	County	& State,	or foreign countr	y) 12. CITIZE	N OF WHAT	
	RETIRED	ting the, even it for	CHI	EF SHIPPING	G CLERI	K MARS	YLA	ND		U.S.A		
13,	FATHER'S NAM				14.	MOTHER'S MAI	OEN N	AME				
		JOHN -	LEWIS			UNKNOV	WN	政	AGNES -			
		EVER IN U.S. ARMEI		OCIAL SECURITY NO.	17. INFO	MANT	(LE	WIS)	A (Tr	buisiana)	
	NO	(11 yes give was or day	212	+-02-1212	MRS. A	ALICE V.	LE	WIS,	2814 L	DUISIANA	AVE.	#27
				ne for (a), (b), and (c).	10	, 1			1 12		TERVAL BET	
	PART I. O	EATH WAS CAUSED IMMEDIATE CAU	BY: NO	ignant	Fenn	show	R	de	die	lar.	2//	4
	2000	9	UE TO		11			1	TUA	e -	126	per
	Conditions, If		(b)		~				1//		1/	
	gave rise to cause (a), s	Immediate (DUE TD			- 1						
	underlying cau		(c)		- 11							
TION	PART II. OTHER	SIGNIFICANTCONO	ITIONS CONTRIBU	FING TO DEATH BUT NO	TRELATEO T	THE TERMINAL	OISEA	SECOND	ITIDN GIVEN IN	PART 1(a) 1	9. WAS AUT	
22											WEE .	

OR	a. ACCIDENT I CDNTRIBUTII EITHER, NOT	NG T CAUS	E DF OE	ATH		DESCRIBE	HOW	INJURY	OCCURREO.	(Enter	nature	of Inj	ury I	n Part	l or Par	t II of	Item	18.)
200	TIME OF I	MILIDY Ma	ath Day	Vonr	204	INITIDY OC	PIIDDE	D 1204	DIACE OF	TALLIDA	//Home	form	1 20	£ (C)	ty or toy	(ny	- /	Com

(County)

factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m.

21. I certify that (I) (this hospital), attended M, from the causes and on the date stated above. saw the deceased alive that death occurred at

PHYSICIAN'S NAME (Type) 22c. ROSSBERG

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229

PHYS.	X	OIRE	CTOR		PHYS.		~	1	1	/	6	
22d. AOD	RESS 24	36	WAS	нто	OTM	N F	BOUL	E	7AR	D		

BALTIMORE

BURIAL, CREMATION 23b. DATE THEREOF BURIAL (Specify) 3/2/66

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

(State) MARYLAND

(State)

24. FUNERAL OIRECTOR

MEADOWRIDGE MEMORIAL PARK AOORESS

25a. REC'D BY REGISTRAR 25b.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be de should be filed with the State Page 4 may TO HOSPITAL 1/65 A.15

funeral

and completely filled in by the and in any event, within 72 hours after

attending physician

the

remove carbon papers.

please

detached for use as the burial-transit permit. Then be Dept. of Health prior to burial, cremation, or removal,

CERTIFIC

MEDICAL

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after death.

24 hours

executed within

OR ATTENDING PHYSICIAN: The law requires that the death certifical

be retained by the hospital or attending physician.

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MATERIAL PROPERTY SEED STATE OF CONTROL OF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after depth.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	-	4 4 4 4	3				
	1.	PLACE OF DEAT a. COUNTY	Н			13 4	titution: Residence before admission)
		1311	timeyes	MARYLA	ND a. STATE	ACTION PE b. COUN	H.A.
		b. CITY OR TOW	/N (if outside corporate limit and give nearest town)	s, c. LENGTH OF STAY II	N 1b C. CITY OR TOWN	If outside corporate limits, wri	te RURAL end give nearest town)
		BACT	m b	300	BACTI	My Blend K	Comment of and
		d. NAME OF HO	SPITAL OR INSTITUTION (If no	ot in hospital, give street add	ress) d. STREET ADDRES	5 1.De 1602 Ha	e. IS RESIDENCE ON A FARM?
6	G	REATE	2 BALTIMOT	MEN CENTI	D N-Chr	DIFC 84	Place YES NO NO
	3.	NAME OF DECEASEB	/ First	Middle	Last	4. DATE , Month	Day Year
		(Type or print)	LINSFNIDAL	IFD BABY	Bei	DEATH 2/24	// 19
	5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		Months Devs Hours Min.
d	1			OWED DIVORCED [1 2/33/66	yrs.	Months Deys Hours Min.
9	10a dur	. USUAL OCCUPATING most of work	FION (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ò		New B	orn		Ballimor	e, Md.	4.5.17.
	13.		2 / : 10 - 0.		14. MOTHER'S MA	IDEN NAME	MINT
		- , , ,	ess Linsenm	ayer	Hhh	Louise JEMI	11111
H			EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Addres	TON PIACE
		N.B.	.40	***************************************	Chart	91 D	A.A.Co.
19			DEATH [Enter only one cause	per line for (a), (b), and (c).		11-11-10000	INTERVAL BETWEEN ONSET AND DEATH
	-1		EATH WAS CAUSED BY:IMMEDIATE CAUSE (a)	The lectors is			Dyhve
		7625	DUE TO	7.			211
		Conditions, If		10 maturity			24hrs
		gave rise to cause (a), s	DILE TO	11 1. 5	n. 1	D.	Dub
	z	underlying caus		Tyallow H	Um wone	Masse	241115
0	(T10	PART II. OTHER	SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	FRELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	FICA	/					YES NO
	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING [] 2 ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury in Part I or Part II of	Item 18.)
				NO			
	MEDICAL	20c. TIME OF Hour a.		20d. INJURY OCCURRED 20d	e. PLACE OF INJURY (Home, factory, street, office bldg.	ferm, 20f. (City or town)	(County) (State)
	ME	р.		t work at work	and the same	4	
		21. I certif	ly that (I) (this hospital) a			1966, to Fibry	_, 196 (, that (I) (we) last
1		saw the de	ceased alive on Made	19.6 (, and	that death occurred at	1.30/4M, from the causes	and on the date stated above.
		ZZa. SIGNATO	00/	1221	ATTENDING	MED. STAFF	22b. DATE SIGNED
1		22c. PHYSICIA	IN'S CULL SIL	Jim	M.D. PHYS.	DIRECTOR PHYS.	2/24/65
		NAME (T	ype) HOFFMAN	J / FINAPP	5 16 BD	16 BACT.	my
	23a	. BURIAL, CREN	MATION. J 23b. DATE THEREO	F 23c. NAME OF CEM	ETERY OR CREMATORY	1 23d. LOCATION (City, to	wn or county) (State)
ð	m	REMOVAL (SO	ATION, 23b. DATE THEREO	Bracker,	Challe Week	O.L. Tours	me Will
	24	FUNEBAL DIRI		ADDRESS	25a. R	EC'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
1	1	Mu 3	. Adams	N.O. G.B	M.C. DATEA	R 1 1966 ACL	iarles Judge:
1	7	200-1	1	1/1/	T. J. DATE		- 0 -0
-			0-180	440			

Breaker Books. Verd Cake Toward Will Grow T. Adam, W.D. G. M.C.

Page 4 may be retained by the nospital or attending physician and completely filled in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11.51.6	275,000	PROPERTY.	CERTIFI	CALE	: UF DEATH	1		- 1	110:	27	
1. PLACE OF DEAT	тн 🔻			1	2. USUAL RESIDENCE	CE (Where de			esidence bo	efore ad	mission)
	imore		MARYL	ANO	a. STATE Maryl	and	b. CO		imor	20	
b. CITY OR TO	WN (if outside corporat L and give nearest tow	e limits, c.	LENGTH OF STAY		c. CITY OR TOWN (If	outside cor	porate limits,	write RURAL	and giva	neares	t town)
Tows		n)		Î	Luthe	rvill	e,		13	1	
	OSPITAL OR INSTITUTIO	N (if not in hosp	Ital, give street ad	dress)	d. STREET ADDRESS				0. [S RESI	DENCE
Ches	apeake Man	or Nur	sing Hom	ie	1215	Oak C	roft D	rive	YES	ON A F	NO A
3. NAME OF DECEASED	Fir	rst	Middie		Last	4. DATE	Moi		Day	Yea	
(Type or print)	Ann	a	M.		ivingston	DEATH	Febr	uary	3	19 (66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8 [. OATE OF BIRTH	9.	AGE (In year	s IF UNDER		UNDER	24 HRS. Min.
F	W	WIDOWED X	DIVORCEO		/1/1882		last birthday	Montals	Days	Hours	MIN.
10a. USUAL OCCUPA	TION (Give kind of work of king life, even if retired	done 10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State,	or foreign coun	try) 12. C	ITIZEN OF DUNTRY?	WHAT	
and the same of th	ewife		Home		Baltim	ore.	Md.		J.S.A	A .	
13. FATHER'S NAI	ME				14. MOTHER'S MAIL						
Charle	s Rutledge					Jane	Pool				
15. WAS DECEASED	EVER IN U.S. ARMEO FOI	RCES? 16, SOC	IAL SECURITY NO.	17.	INFORMANT	ocuro		ress			
No No	(If yes give war or dates of		71, 7770	Mna	.Philip W	Kene	(Same !			
	DEATH [Enter only one				• TITTIP W	• Italio		Danie	INTERV	AL BET	WEEN
	EATH WAS CAUSED BY:	1	1		1	. 1. 4	_			AND O	
420	IMMEDIATE CAUSE		way w	en a	Man au	caure			1	77	
Conditions, If	any which \	10 linter	rios clir	+	CVA				10	en	,
gava risa to	Immediate ((0)	0 1 12007	wit	CCVA	CHICK				1	
cause (a), s	and took										
	SIGNIFICANT CONDITIO	(c) NS CONTRIBUTION	IG TO DEATH BUT N	OTRELAT	ED TO THE TERMINAL I	DISFASE CON	OITION GIVEN I	N PART 1(a)	119. W	AS AU	TOPSY
TA				011(25)		102.020411				ERFOR	MED?
E 2Da ACCIDENT	T WAS UNDERLYING	20b. OES	PIRE HOW INITIO	V Occili	RREO. (Enter nature of	f Industry In Pa	ert I or Part II	of Item 18	YES		10 14
PART II. OTHER PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TING CAUSE OF DEAT OTIFY MEDICAL EXAMIN	TH IER)	DRIBE HOW HOOM	11 00001	inco, (Enter nature of	i mjuly in re	are ror rate in	of Item 10	,		
정 2Dc. TIME OF	INJURY Month, Oay,	Year 20d. INJU	RY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, fa	arm, 20f.	(City or town)	(COL	inty)	(S	tate)
2Dc. TIME OF Hour a	.m. 19	While at work	Not While at work	tactor	y, street, office bldg., e	etc.)					
	Ify that (I) (this hosp			om	78 m. 1	96270	Fil.	4 10/	that	(I) (w	tecl (a
	to.				death occurred at		om the cause				
22a. SIGNATO		// .	, 01	na thạc		7	om the edece		ATE SIGN		
	. Collan	Xfree	/	M.D.	ATTENDING PHYS.	MEO. DIRECTOR	STAFF PHYS.	1 2/	5/6	6.	
22c. PHYSICI	To the state of th	77- 4	a .		22d. ADDRESS			- 3	1		
NAME (1	Dr. A	Illan A	. Spier		1501 P	entri	dge Ro	ad			
23a. BURIAL, CRE	MATION, 23b. DATE T	HEREOF 2	3c. NAME OF CE	METERY	OR CREMATORY	23d. LC	CATION (CIty,	town or cor	ınty)	(Sta	ste)
REMOVAL (SI Burial	2/5/1	966	Loudon	Par			altimo			Id.	
24. FUNERAL DIR			ADDRESS	-1- D		C'O BY REGIS	STRAR 25b.	REGISTRAR		URE	
H.W.Jen	kins & Son	is Co. l	1905 Yor	K K	oad DATEFE	0 4	1966	Helian	les &	udg	-
			01100 P.C -1		rida -				- 11	- (/-	

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MEN CONTRACTOR 513 PILLED be stilled North to see the second still the

FOR STANK HEALTH DEPT. delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office elage with farm PM3. Page 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and with the State Department of Health or its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

AL EXAMINER: This certificate should be executed within 24 hours after death. If

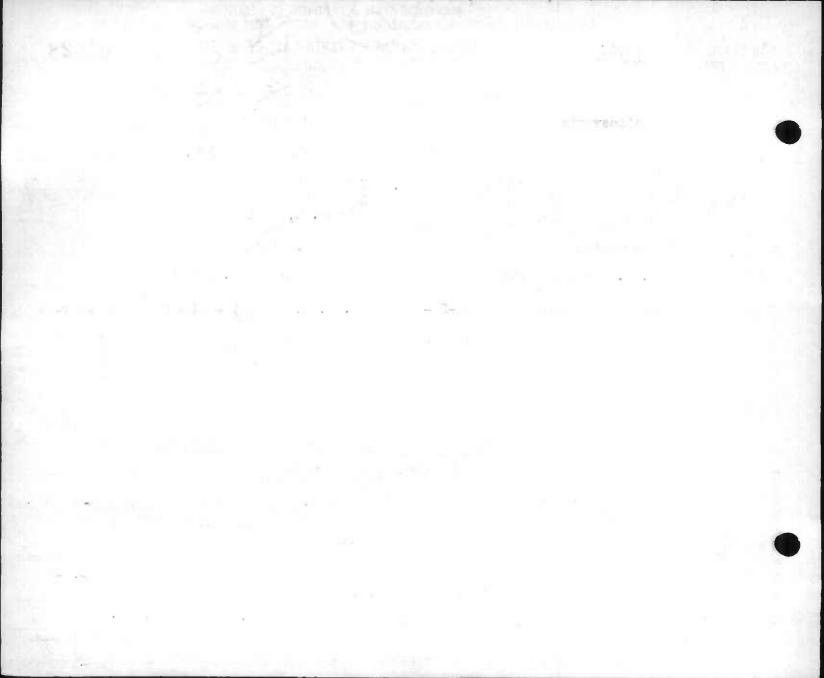
TO DEPUTY MED!

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11000

		11980 MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	1348			
		PLACE OF DEATH b. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. STATE b. COUNTY				
		Baltimore MARYLAND D. CITY OR TOWN (If autside carparate limits, LENGTH OF STAY IN 1b	Maryland Baltimo c CITY OR TOWN (If autside carparate limits, write RURAL and give				
	ľ	write RURAL and give nearest tawn)		1			
		Catonsville	Catonsville (03-1			
	(d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
		In woods at Newberg Avenue	115 Osborne Ave.	YES NO 🔀			
		NAME OF First Middle DECEASED	Last 4. DATE Manth OF	Day Year			
		Type ar print) REGINALD S. LIVI	NGSTON DEATH 2	28 19 66			
	S. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER) Months 1	YEAR IF UNDER 24 HRS. Days Haurs Min.			
		Male White WIDOWED DIVORCED	Nov. 6, 1931 last birthday) Months	Tidois Inni.			
	10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR		ZEN OF WHAT			
	duri	ng most of working life, even if refired) Accountant	Kentucky	INTRY			
	_	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		K. H. Stanley Livingston	Evelyn L. Lyons				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address				
	(Ye	No None (If yes give war ar dates af service) 215-28-5850 Mr.	R. H. Stanley Livingston same	address			
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY	noisoning	ONSET AND DEATH			
		9731	porsoning				
		DUE TO					
		Conditions, if any, which gove rise ta immediate cause (a),					
		stating the underlying cause DUE TO		19			
		(c)					
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.)							
	Q.	20c TIME OF INITIRY Month Day Year 20d INITIRY OCCURRED 20e PLAC	CF OF INJURY (Home, form 20f. (City or town) (Cau	nty) (State)			
	MEDICAL	Hour o.m. While Nat While focts	ory, street, office bldg., etc.)	l to Md			
			Woods Catonsville, Ba				
		21. I certify that I taak charge of the remains described above, he		ond in my opinian			
		death resulted from: Natural causes, Accident, Suici	ide 🔀, Homicide 🔝, Undetermined manner 🔙	- 1			
		ACTUAL DOS 6	CHIEF MEDICAL EXAMINER 🔀	OO DATE CICATED			
		SIGNATURE / Y / STANKE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
2		EXAMINER'S	DEPUTY MEDICAL EXAMINER	2-28-66			
		NAME (Type) Russell S. Fisher, M.D.	Address (Street, city, town, ar caunty)				
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	crematory tional Cemet. 23d. Location (City or Town) Baltimore, Md.	(County) (State)			
		Burial 3/4/1966 Baltimore Na	tional Cemet. Baltimore, Md.				
Q	24	FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTDAR'S SI	GNATUR UNDER			
7	2	Vm. 1. Tupner a son Sollo, in	DATE MAR 3 1986	20			
	_		THE TAX AND THE TA				

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Chapel Hill Nursing Home 36012 Milford Mill Road YES 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEN'S FATHER'S NAME Frank Frank Frank Frank Frank Frank Frank Frank No 16. SOCIAL SECURITY NO. No 17. INFORMANT No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) LOST NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) No No No No No No No No No N	SIDENCE FARM? NO (Gar 66) SER 24 HRS. Min.						
Beltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) STREET ADDRESS 36012 Milford Mill Road YES Chapel Hill Nursing Home 3. NAME OF DECASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NOVECED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FAITHER NAME Frank Provenzano 15. WAS DECEASED (If ye or gr unknown) (If yes give wor of dotes of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PARIL DEATH WAS CAUSED BY: (c) DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. DUE TO DUE TO COUNTING TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore 21. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore 21. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore 21. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore 21. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore 21. STREET ADDRESS 36012 Milford Mill Road YES ON 10. STREET ADDRESS 36012 Milford Mill Road YES 14. DATE 15. WASE (In yeors lost of Month portion) 16. SOLOR OF BISINESS OR IN JUNE NOT HEAD PROVED TO THE COUNTRY (IN YEAR IF UNDER TYPE) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PARIL DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) DUE TO Conditions, if ony, which gove rise to immediate couse (a), only one couse per line for (o), (b), ond (c).) DUE TO Conditions, if ony, which gove rise to immediate couse (a), only one couse per line	SIDENCE FARM? NO Gear O 66 ER 24 HRS.						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town Randal stown Randal stown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address) Chapel Hill Nursing Home 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White Widowed Divorced Divorced Divorced Divorced Divorced 12/19/1902 Nore 11. BIRTHPLACE (County & Stote, or foreign country) Losy University Nore 12. CITIZEN OF WHA COUNTRY? Losy Nore 13. RATHER'S NAME Frank Provenzano 15. WAS DECEASED VER IN U.S. ARRED FORCES? (Yes, no, or unknown) (if yes give wor or dotes of service) No Mindel Country one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove first to immediate couse (o), stoting the underlying couse lost. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town Baltimore 21207 d. STREET ADDRESS 36012 Milford Mill Road YES OF PEATH Prove 14. DATE OF BEATH Prove 15. WAS DECEASED VERY IN U.S. ARRED FORCES? (Yes, no, or unknown) (if yes give wor or dotes of service) No Mr. Michael Leo LoVecchia-36012 Milford No Losy INTERNAL ONSET AN ONSET AN INTERNAL ONSET AN ONSET AN INTERNAL ONSET AN ONSET	SIDENCE FARM? NO Gear O 66 ER 24 HRS.						
Chapel Hill Nursing Home Saltimore 21207 d. STREET ADDRESS d. STREET ADDRESS Saltimore 21207	FARM? NO Gear O SER 24 HRS. Min.						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Chapel Hill Nursing Home 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Windle Windle Windle P. Lovechio P. Lovechio B. DATE OF BIRTH Feb. 20 S. SEX Male Windle Windle Windle P. Lovechio B. DATE OF BIRTH P. AGE (In years lif UNDER! YEAR IF UNDER!) Months Doys Hou Divorced 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Frank Provenzano 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grounknown) 16. SOCIAL SECURITY NO. NO 17. INFORMANT Mr. Michael Leo Lovechid—36012Milford No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	FARM? NO Gear O SER 24 HRS. Min.						
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10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Housewife 13. FATHER'S NAME Frank Provenzano 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. No 17. INFORMANT Mr. Michael Leo Lovechia-36012Milfore 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHA COUNTRY? INDUSTRY INDUSTRY INDUSTRY I. MOTHER'S MAIDEN NAME Rose Veneziano 16. SOCIAL SECURITY NO. Mr. Michael Leo Lovechia-36012Milfore No Service ONSET AN ONSET	7						
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S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Recognition of the control	7						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT Address Rec. Mr. Michael Leo LoVecchia-360l2Milfore No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. (c)	7						
(Yes, no or unknown) (If yes give wor or dotes of service) No Mr. Michael Leo LoVecchia-36012Milford 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. (c) No Mr. Michael Leo LoVecchia-36012Milford INTERVAL ONSH AN CLUB (c) DUE TO (c)	/						
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. (c) INTERVAL ON YOUR ASSOCIATION OF THE PROPERTY OF THE	1433						
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last. Conditions if ony, which gove rise to immediate cause (a), stoting the underlying cause last.							
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO DUE TO (c)	DEATH						
rise to immediate couse (a), stating the underlying couse last.	edif						
rise to immediate couse (a), stating the underlying couse last.							
stoting the underlying couse (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS. PERFORMANCE	JTOPSY MED?						
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)							
E OR CONTRIBUTING □ CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	u. (ciner notice of injury in Port I of Port II of nem IB.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)						
Hour o.m. p.m. 19 While Not While of work of work of work							
21. I certify that (1) (this haspital) attended the deceased from 1960; to 2/21, 1966, that (1) (we) last							
saw the deceased alive an 2/19 1966, and that death accurred at LORM, from causes and on the date stated abave.							
220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED							
M.D. PHYS. L. DIRECTOR L. PHYS. L. 2/23/66							
22c. PHYSICIAN'S NAME (Type) Dr. Morton Ellin 8629 Liberty Rd. Randallstown,	d.						
230. BURIAL CREMATION - 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY - 23d. LOCATION (City or Town) (County)							
REMOVAL (Specify)							
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	(Stote)						
Loring Byers- 8728 Liberty Rd. Randallstown, Marie B 28 1966 Icharles Judy							

cuted within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, cremation, ar remaval, and in any event, within 72 hours after deptring. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY b. COUNTY the d and 2 death. md. BALTO.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest jown) Pages JARRISON filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress IS RESIDENCE ON A FARM? completely NO F papers. YES T 72 3. NAME OF 4. DATE Month Dey DECEASED OF (Type or print) DEATH LURZ 6 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR pue last birthdey) WIDOWED . DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if ratired) U5A please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending JOSE STORCKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT 15-Sudbrook (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) rial-transit DUF TO Conditions, if eny, which 5 gave rise to immediate cause DUE TO 五 (a), steting the underlying ceuse last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? use prior NO [200. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: 3 should be de at work et work p.m. 21. I certify that (I) (this hamital) attended the deceased from...... 1950 State196.6, and that death occurred at. CUM, from the causes and on the date stated above. saw the deceased alive on..... DATE 220. SIGNATURE ATTENDING STAFF SIGNED ath. Page 4 page with t PHYS. DIRECTOR PHYS. HOSPITA 224. PHYSICIAN'S 22d. ADDRESS ector, filed NAME (Type) 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION City, town or county) (Stete) 23a. BURIAL, CREMATION, 0.53 EMOVAL OSpecite OH 25b FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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					, 301 W. PRESTO	N STREET, BALTIMOR	E 1, MARYLAND
	01983			CERTIFICAT	E OF DEATH		01931
1.	PLACE DF DEATH a. COUNTY Balt	imore		MARYLAND	2. USUAL RESIDENC a. STATE Mary]	E (Where deceased lived, If Instit b. COUNT)	ution: Residence before admission) Baltimore
	b. CITY DR TDW Write RURAL	N (If outside corpora and give nearest tow	te limits, /n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
				spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_		oseph's Ho				igh Avenue	YES NO X
}.	NAME DF DECEASED (Type or print)	Elizab			ness	4. DATE Month OF DEATH February	
	sex Temale	White	WIDOWED	NEVER MARRIED DIVORCED	1-7-1922	9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
0a ur	ing most of work	IDN (Cive kind of work ing life, even if retire	done 10b. KI	ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM				Baltimore,	Maryland EN NAME	U.S.A.
	S. CLA	RENCE SMITH	Sr.		IRENE Me	NULTY	
15.		EVER IN U.S. ARMED FO		SDCIAL SECURITY NO. 17.	INFDRMANT	Address	
16	NO	(11 As 2 flac war at mures o		4-20-4708 AR	THUR A. LYNE	SS Jr. 601 DeBA	UGH AVE.
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	: Conf	ne for (a), (b), and (c).1 luent lobular	pneumonia,	left.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If gave rise to cause (a), si underlying caus	Immediate tating the DUE	(b) righ			y for carcinoma uscles and vert	
CALION						ISEASE CONDITION CIVEN IN PA	
CERTIF	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING INC CAUSE OF DEATIFY MEDICAL EXAMI	TH NER) 20b. D	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of i	tem 1B.)
MEDICAL	20c. TIME OF Hour a.r		Year 20d. II	Not While facto	CE OF INJURY (Home, fa ory, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
-	21. I certif	y that (I) (this hos	pital) attende	ed the deceased from F'e			91966, that (I) (we) last
	saw the de	ceased alive on F	ebruary	9 1966 , and tha	t death occurred at		nd on the date stated above.
		DRGO	m das	M.I	D. PHYS.	MED. STAFF X	February 10,1966
	22c. PHYSICIA NAME (T)	AN'S D. R. G	ovinda	Roa, M.D.	22d ADDRESS	Rd., Towson, M	d. 21204
23a	. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
24	BURTAL	FEB.	12,1966	MOUNT MARIA	EMETERY 1 25aREC	TOWSON MAR	YLAND ISTRAR'S SICNATURE
-	16	raved a	Cromer 1677	PARK HETCHTS	FEI		rarley Judge

TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cambre carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

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070-251 Estigação a descot . Ju TO HAME OF bakered compact hard Thumos Beant 8. CLARRIES SHITH ST. AND BOLLED TOO IN LARVE A RUETOM FOR LOCALIS The same and the s Remarkable with the result of the second of the second refres they are retreated from a broad for a real state of the ALL AND PROPERTY OF COMPANY OF THE PARTY. AND THE PROPERTY OF THE PARTY O STREET, TEAR 12,1966 POINT MARIA CENTRAL TOLEGY, RESILEND

DE LIVA STERIES TEST CLAN HOMES IN CO. IP . 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 A 4

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT Page 50 death,

along with form

8. Give Pages

Item] Office

pending" in pencil in ef Medical Examiner's

Chie

the ward

e, writing the

shauld

director.

funeral

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VR A15ME (5) 6M 1/66

24 haurs after death

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This certificate shauld

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Departm after haurs 0 ot with the within event 2 and any = pup remayal burial-transit JD crematian, D SD burial, 0 pe prior 3 shauld may be retained far yaur FUNERAL DIRECTOR: Page designated ar its

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Hali a COUNTY imore a. STATE MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 9806 Gunforge Rd., Perry Hall St. Joseph's Hospital NAME OF First Middle Last 4. DATE DECEASED February Maggio (Type or print) Toseph 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) March 5, 1876 WIDOWED Ma le White DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during mast of wesking life, even if retired) INDUSTRY Sicily, Italy Restaurant owner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Fazio Salvatore Maggio WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes_na, ar unknawn) (If yes give war ar dates af service) 215-50-2616 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY C or CONTRIBUTING C CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection deoth resulted from: Notural couses Accident Suicide [Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) O'Donnell Charles F. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 REMOVAL (Specify) HOLY MEUREMER VANS ISON 8802 HANTORU

e. IS RESIDENCE ON A FARM?

19

Hours

IF UNDER 24 HRS

Day

26

12. CITIZEN OF WHAT

IF UNDER 1 YEAR

Months

NO X

66

COUNTRY? U.S.A Address Angeline Maggio- 9806 Gunforge Rd. PerryH. INTERVAL BETWEEN ONSET AND DEATH WAS ALITOPSY PERFORMED? (City or town) (County) (State) Inquiry ond in my opinion Undetermined monner 22. DATE SIGNED 23d. LOCATION (City or Town) (State) DATE B 1 4 19 2Sb. REGISTRAR'S SIGNATURE

TOTAL TO SEATURE EXCHANGE ADMINISTRATION OF THE COST - 3-0-11 and the desired terms of the second A Salto Bill I - Co. 구입하다 전 하는 이 그 경우를 살아내면 하는 것이 되었다. 그는 사람들은 사람들이 되었다면 하는데 되었다.

DIVISION OF STATISTIC	MARYLAND STATE D CAL RESEARCH AND RECOR CERTIFICA	EPAI DS, 30 TE	RTMENT OF of W. PRESTON OF DEATH	HEALTH STREET, B	ALTIMORE 1,	MARYLANI () 1 3 c	3
PLACE DF DEATH		2.	USUAL RESIDENCE	(Where deceased	lived, If institution	: Residence before	e ac

-								
1.	a. COUNTY BALTIMO)RE	MARYLAND	e. STATE MAR	ICE (Where deceased liv	h COUNTY	Residence before	admission)
	b. CITY DR TOWN (if outside write RURAL and give ne ARBUTUS	corporate limits, arest town)	c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (I	f outside corporate l	mits, write RURA	L end give near	est town)
	d. NAME OF HOSPITAL OR IN	STITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	3			SIDENCE
	5532 CARVILLI	E AVENUE 21	227	5532 CARVI	LLE AVENUE	21227	YES T	NO X
3	. NAME OF DECEASED (Type or print)	First J.	Middle SHERWOOD	Last MANGO LD	4. DATE DF DEATH	Month 2		ear 66
5	. SEX 6. COLOR C	R RACE 7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH		n years IF UNDER		
	MALE WHIT	E WIDOWED	DIVORCED	3/3/07	58	yrs. Months	Days Hours	Min.
di	Da. USUAL DCCUPATION (Give kin uring most of working life, even ACCOUNTANT	d of work done 10b. k		11. BIRTHPLACE (County & State, or foreig	C	COUNTRY?	AT .
	3. FATHER'S NAME			MARYLA 14. MOTHER'S MAI		1.0.	S.A.	
		FT T T 4 3 / 3 / 4 3 / 6	OTD					
1	5. WAS DECEASED EVER IN U.S. /	ILLIAM MANG		LENA STR	EIT	Address		
C	Yes, no, or unkown) (If yes give wa	r or dates of service)						
	NO			S. DOROTHY	B. MANGOLD	5532_CA	RVILLE	
	18. CAUSE DF DEATH [Enter		ine for (a), (b), and (c).]		0.	•	INTERVAL B	DEATH
	IMMEDIAT	E CAUSE (a)_//W	lestone C	asunoma	- Orac	u	400	-
	163X	DUE TO A		P			4 m	_
	Conditions, If any, which	(b) (d	remono	- Ju	ng		7 200	D .
	gave rise to immediate cause (a), stating the	DUE TD						
	underlying cause last.	(c)						
CERTIFICATION	PART II. DTHER SIGNIFICANT		UTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL	DISEASE CONDITION (IVEN IN PART 1(a	19. WAS A PERFO	NO
CERTIF	20a. ACCIDENT WAS UNDER DR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICA	LYING 20b. E DF DEATH L EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury In Part I or	Part II of Item 1	8.)	
MEDICAL	20c. TIME DF INJURY Mon Hour a.m. p.m.	th, Day, Year 20d. While 19 at wor	Not While facto	CE OF INJURY (Home, f ory, street, office bldg.,	farm, 20f. (City or etc.)	town) (Co	ounty)	(State)
-		his hospital) attend	ed the deceased from	Oct 10 , 1	1965, to Fel 11.58M, from the	causes and on	66, that (1) the date state	(we) last
	22a. SIGNATURE	les Dans	harther M.	ATTENDING -	MED. STA	FF 22b.	DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type) A.	BRADLEY DA	UGHARTHY	22d. ADDRESS 126	4 FRANCIS	AVENUE 21	.227	
23		. DATE THEREDF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town or co	ounty) (S	State)
	BURLAL 2	/25/66	LOUDON PARK	CEMETERY	BALTI	MORE	MARYLAN	D
2	4. FUNERAL DIRECTOR		ADDRESS	25a. RI		25b. REGISTRAF		
U	BBARD FUNERAL H	OME. 4107 W	ILKENS AVENUE	21229 DEF	3 2 / 1966	geliarl	en Judge	
		3		I MAIN	1 / 64 1.7777	All I W	M A A	

VR AI5 20M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affect death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

be executed within 24 hours after death.

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24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 1935/ DIVISION OF STATISTICAL RESEARCH AND CERT

1.	PLACE DF OEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
	Baltimore MARYLANO	Maryland	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL :	and give nearest town)
	Catonsville	Baltimore	30-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE
CA	TON RIDGE MURSING HOME	3901 Greenmount Ave. 18	ON A FARM? YES NO
3.	NAME OF Middle	Last 4. DATE Month	Oay Year
	(Type or print) Daisy M.	Marriott OEATH Feb. 20,	19 66
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8	B. OATE OF BIRTH 9. AGE (In years IFUNDER 1	
	WIDOWED OIVORCED	Dec. 23, 1882 S3 yrs. Months	Oays Hours Min.
dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Oental Asst Retired	Bal timore, Md.	TIZEN OF WHAT / UNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
C.	George H. M. Marriott	Mary Jane Grim	Section 1
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 115 ACCESS tral	Ave.
(18	No None (If yes give war or dates of service) 215-05-0243 Mr.	Frederick Failey Glynden, Md.	
I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. OEATH WAS CAUSEO BY: 13 roy chopus	O MANULLE	ORDET ARE DESTRI
	446 X OUE TO		
	Conditions if any which		STORIES IN
	gave rise to immediate		
	cause (a), stating the OUE TO underlying cause last.	-ncic	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	Generalized Arteriosa	Λ	PERFORMEO?
RTIFI	20a, ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of Injury In Part I or Pert II of Item 18.))
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL		CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
MEDICAL	Hour a.m. While Not While at work	ry, street, once bidg., etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from	1-14-, 1965, to 2-19-, 196	6 that (I) (we) last
	saw the deceased alive on 2-19-1966, and that	death occurred at 1020 M, from the causes and on the	
-	22a. SIGNATURE	22b. OA	ATE SIGNED
	Quan Valle Covers M.O	ATTENOING MEO. OIRECTOR PHYS. 2-	20-66
	22c PHYSICIAN'S	22d. AOORESS	
	NAME (Type) CESAR VALLE CAVERO	8629 Liberty Kd	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
16	REMOVAL (Specify) Burial 2/231 1966 Woodlawn	Cemetery Woodlawn Md	
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REEL TRAR	S SIGNATURE
1	Vm. 1. Juhner + Son butters	GEVE DATE FEB 23 1966	Land and

VR A15 (4) 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U1JO		CERTIFICAT	E UF DEATH		01336
1. PLACE OF DEAT	Raltimore	MARYLAND	2. USUAL RESIDENC	E (Where deceased lived, If instit b. COUNTY	tution: Residence before admission)
Write RURAL TOWS	NN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Baltimore		RURAL and give nearest town)
d. NAME OF HO	SPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	St. Joseph Hosp	ital	910 Mace A	ve.	ON A FARM? YES NO
3. NAME DF DECEASED (Type or print)	First Stanley	Middle	Martin	4. DATE Month OF DEATH February	Day Year 19 66
5. SEX male	white WIDOWED	DIVORCED	8. DATE OF BIRTH 11-11-1887	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	UNDER 1 YEAR IF UNDER 24 HRS. on ths Days Hours Min.
during most of wor	Brod	IND OF BUNNESS FORK NOUSTRY NAVY Yard	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAT	he film	saki,	14. MOTHER'S MAID	EN NAME	
15. WAS DECEASED (Yes, no, or unkown)	(16 yes mine were or detected of comine)	SOCIAL SECURITY NO. 17.	INFORMANT Bestly Be	Address ikanska 118	M. Marlyn ave.
	DEATH [Enter only one cause per l' EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) art ODUE TO	eri	heart diseas	e	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gave rise to cause (a), sunderlying cause	Immediate DUE TO				
PART II. OTHER 202. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	WAS UNDERLYING [] 20b. [ING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of	Injury in Part I or Part II of I	tem 18.)
Hour a.		Not While facto	CE OF INJURY (Home, fai ory, street, office bldg., et		(County) (State)
saw the de	fy that (I) (this hospital) attended accessed alive on Feb. 6		b 2 , 19 t death occurred at	5:1 M. Feb. 6	, 19_66, that (I) (we) last ad on the date stated above.
22a. SIGNATU		- 0	h h	AED STAFE	22b. DATE SIGNED
22c. PHYSICI NAME (1	AN'S	M.C	22d. ADDRESS 7620 You	DIRECTOR PHYS.	Feb. 6 1966 re. Md. 21204
	TEOdoro Carang	al M.D.	7020 10	r rue Dartcillo	re, rue alau4
23a. BURIAL, CREE REMOVAL, (So	pecify) 2/9/46	23c. NAME OF CEMETER		33d. LOCATION (City, town	n or county) (State)
24. FUNERAL DIR	ECTOR 300	ADDRESS BA	eft. 21 25a. REC	O BY REGISTRAR 25b. REG 9 1966 Relie	ISTRAR'S SIGNATURE
Conne			cere I DAIL	10001	

VR AIS (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where deceased li		Residence before	admission)
V	Baltimore	a. STATE Maryland b. COUNTY Baltimore					
1	b. CITY DR TDWN (if outside corporate limits. 1 c. LE	MARYLAND NGTH DF STAY IN 1b	c. CITY DR TDWN (If		limits, write RURAL	and give nea	rest town)
	write RURAL and give nearest town)	0 4	Carne				,
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	25 yrs	d. STREET ADDRESS	У		10100	ESIDENCE
		give street address)	d. STREET ADDRESS			DN	A FARM?
	2407 E. Joppa Road		2407 E.J	oppa Road		YES	NO-
3.	NAME OF First	Middle	Last	4. DATE	Month	Day	Year
1	(Type or print) Augusta		Marx	DF DEATH	2	71. 1	966
5.	CEY LC COLOR OR BLOCK	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER		
	The same of the sa	DIVORCED	12-19-1872	last b	Months	Days Hou	rs Min.
10	a USUAL OCCUPATION (Give kind of work done 10b KIND OF		1 11, BIRTHPLACE (C		ign country) 12, C	ITIZEN OF WI	IAT
du	ring most of working life, even if retired) INDUSTR	Y	(1		C	OUNTRY?	
1.	Housewife	Housewife		SEN MARKE	1 0,	S.A.	
13	. FATHER'S NAME		14. MOTHER'S MAIL	JEN NAME			
	Wilhelm Kempske			melia Ern	st		
19	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL es, no, or unkown) (If yes give war or dates of service)	SECURITYNO. 17.	INFORMANT	The state of the s	Address		
1.	NT-	ne Mr	s Gary Jerm	ain 2107 1	E Johns Re	had	
-	18. CAUSE OF DEATH [Enter only one cause per line for		0 0		2.00000	INTERVAL	
	PART I. DEATH WAS CAUSED BY:	Turscan	deal dege	entrales	i.	ONSET AN	D DEATH
	IMMEDIATE CAUSE (a)	NT A AND	1 Alla	A 1	,)	17	7
	DUE TO SO OF	.a. Dart	arena ladel	villende	o-trase 1	1/5	+ Hr.
	Conditions, If any, which gave rise to immediate (b)	agent .	A - FA - Z		0000	0 / 0	11
	cause (a), stating the DUE TO	0	to believe	leni			
1-	underlying cause last. (c)	war is					
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT REL	TED TO THE TERMINAL I	DISEASECONDITION	GIVEN IN PART 1(a)		ORMED?
CERTIFICATION	Cerebro	Vasculi	er Jany	Heceluc	4	YES	NO N
F	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCL	JRREB. (Enter nature	Injury in Part I or	Part II of Item 18	3.)	
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)			1			
AL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY	OCCURRED 120e. PLA	CE OF INJURY Home, To	arm, 20f. (City or	town) (Co	unty)	(State)
MEDICAL	Hour a.m. While No	t While - facto	ry, street, office bldg., e	etc.)	1 ,		
Z		t work	A	11 4		117	
	21. I certify that (I) (this hospital) attended the			969, to_	, 19_6	b, that I	we) last
	saw the deceased Hvg on	1966, and that	t death occurred at	2 AM, from the			ed above.
	22a. SIGNATURE		ATTENDING	MED. ST	AFF 22b. C	ATE SIGNED	111
	() record ()	M.C	D. PHYS.	DIRECTOR PH	YS. 🔲 💆	2/14	100
	22c. PHYSICIAN'S FT KAS II	~	22d. ADDRESS	-4/-1-	IAN.	. /	
	MAINE (1) PE)		7000	Mortes	1700		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	N (City, town or co	unty)	(State)
	Burial 2-16-1966	Jerusalem C	lemeterr	Baltim	270	Ma	
1 2	4. FUNERAL DIRECTOR	ADDRESS	25a. RE	Baltimo	25b. REGISTRAR	'S SIGNATUR	Ē .
)	P P H DII n.		O 4 FFR	16 1956	orland.	. 0 .	
2	assanduneral Home 14	0/Belson	Road DATE D	T 0 1000	1 - Carle	o judg	

VR A15 (4) 20M 1/65

George Confine Lagorisation.
The graph William Confine Cerebro Varendor Desemperancy Belleville from the first the said the MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· 01990

CERTIFICATE OF DEATH

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	020									I folial to	1
O. COUNTY Baltimore		MARYLA	IND	o STATE		h COUNT	,		ian)		
1	b. CITY OR TOWN (If autside carparate limits,		c. LENGTH OF STAY IN	1b				L ond give	nearest town)	
	Write RURAL and	Howard		19 hrs 20	min					11 - 2	
			aspital ai			d. STREET ADDRESS				I e. IS RESI	DENCE
						Millers Sta	ation	Road, RFT	2	YES	ARM?
[DECEASED	JAMES First		Middle THOMAS	M	Lost ATHEWS	OF	H February		24 19	
S. S	SEX	6. COLOR OR RACE 7. N	ARRIED [NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years			
	Male			DIVORCED				1131			Min.
									12. CITI COU	ZEN OF WHAT	
13.		The state of	11:01:	E3 (55 ph o 1		14. MOTHER'S MAIDEN N	MAME				
	Fult	on A. Mathews			133	Evelyn	C. A	Atkinsons			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. II	FORMANT		Address			
(16	s, na, Yes nuknown)	PL-28	1213	3-30-03-37	Cli	nical Reds.	. VA	Hospital.F	t. Ho	M. hraw	3
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PRONULT OPINET IMONITA									INTERVAL BE	TWEEN	
								RECENT			
	(Conditions, if any, which gave) THE TO PHILMONARY THEARCHTON								RECENT		
	stating the underlying cause (a), stating the underlying cause (c) MULITIPLE SCLEROSIS						9 YEAR	S			
	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(a)		19. WAS AUT	
S S	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CO										
CERTIFICA								- SALA			
MEDICAL	Haur o.r p.r	n. n. 19	While at wark	Nat While at work	focto	ry, street, office bldg., etc.)			(Cour	nty)	(Stote)
	21. I certi	fy that (K(this haspital eceased alive an Feb) attend	ed the deceased fr	ama	death occurred at	9] 5: 30	Pta 2/24/ _M, fram causes at	, 19 <u>_6</u> nd an th	o6, thatX(1) (e date state	(we) last d abave.
	22b. DATE SIGNATURE										
f		\	AWAI	I, JR., M	. D.	TTA TT	tal,	Fort Howar	d, M	1.	
23a	. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREOF									Stote)
0.			00		MEN)
24	. FUNEKAL DIKECTO	JK	Ţ		e Fu			1966 256. REG			u.S
	3. 1000 duri 13. 15. (Yee	b. CITY OR TOWN (Write BURAL and FOTE d. NAME OF HOSPIT Veterans 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPATION (during most of working most of m	b. CITY OR TOWN (If autside carparate limits, write, BURAL, and give nearest town) FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hote terans Administration) 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE White White White 100. USUAL OCCUPATION (Give kind of wark done during most of tworking life, even if retired) 13. FATHER'S NAME Fulton A. Mathews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serves and the serves of	b. CITY OR TOWN (If autside carparate limits, write RURAL, and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gi Veterans Administration Hos 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED Wildows Male Wildows 100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 13. FATHER'S NAME Fulton A. Mathews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave is to immediate cause (a), stating the underlying cause was for DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING (C) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. I certify that (IX (this haspital) attended saw the deceased alive an Feb. 24 220. SIGNATURE 220. SIGNATURE 221. I WAS DATE THEREOF 222. PHYSICIAN'S NAME (Type) LAWRENCE F. AWAI 232. BURIAL, CREMATION, RUNGER (YPE) 234. FUNERAL DIRECTOR	b. CITY OR TOWN (If autside caparate limits, write_BURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Administration Hospital. 3. NAME OF DECEASED (I/ype or print) S. SEX	D. CIVY OR TOWN (If autside carparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Veterans Administration Hospital 3. NAME OF DECEASED IJAMES THOMAS MALE JAMES THOMAS MIDOWED JAMES THOMAS MIDOWED DIVORCED BUSINESS OR INDUSTRY AUTOMOBILE 13. FATHER'S NAME Fulton A. Mathews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nd. Jurknown) If yes give water dotes of service) PART I. DEATH WAS CAUSED BY: MEDIATE CAUSE (a) Stoling the underlying cause in mediate cause (a), stoling the underlying cause in mediate cause (a), stoling the underlying cause in mediate cause (a), stoling the underlying cause 20. ACCIDENT WAS UNDERLYING CONCIDENT WAS UNDERLYING DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THOU A.M. 21. I certify that (IX (this haspital) attended the deceased fram saw the deceased alive an Feb. 24 19 60, and that 220. SIGNATURE 220. SIGNATURE COLUMNIANS NAME OF CEMETERY OR COLUMNIANS ADDRESS LERGIH OF STAY IN 1b 19	D. COUNTY Baltimore MARYLAND D. STATE MARYLAND	D. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, with Or Development of the work of the wore of the work of	December 100 in State County Baltimore County Or Iown (if usus de corporate limits, write RURA Martyland Lours Town (if usus de corporate limits, write RURA Martyland County Or Town (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus de corporate limits, write RURA Hamp stead County Or Iown (if usus of County Or Iown (if usus de corporate limits, write RURA Hamp stead of County Or Iown (if user) or Iown	D. COUNTY Baltimore D. COUNTY OR COWN (If Counted corporate limits, write RURAL and give street defens) C. CENGRH (If COUNTY CONNECTION CO	D. COUNTY Baltimore MARYLAND D. CITY OF TOWN (If outside corporate limits, write RUFAL and give nearest town) D. CITY OF TOWN (If outside corporate limits, write RUFAL and give nearest town) POTT HOWARD ON THE MARYLAND ON

Hampstead, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please semove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and many event, within 72 haurs after deapt. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

O 1939 ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

The Maryland CERTIFICATE OF DEATH 9 /46 --- () 1939

1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
BAITIMORE MARYLAND	a. STATE A DULL B. COUNTY 13 15 179
b. CITY OR TOWN (if outside corporate limits, c. LENGTH CF STAY IN 1b write BURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
KANDAISTOWN	03-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
BATO, CO, GEN, FOSP	713 ClivedIN KOAD YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
	coride DEATH 2 - 12-1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DIVORCED	5-1-95 70 yrs. Molitis Days Hours
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
111 4 50 .++	Manualta Paga
W111414 SCOII	HENRICHA LACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT
	HOSP, McCords
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ambour nearly onset and DEATH
IMMEDIATE CAUSE (a) Cerusial 1	- July
DUE TO CO 4	tis cardingrascular
conditions, if any, which gave rise to immediate (b) Untilings cling	ue como o astarco e
cause (a), stating the DUE TO	disease
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter natura of Injury in Part I or Pert II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work	ry, street, office bldg., etc.)
	1-24-1966 to 2-12-1966, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	-470
	death occurred and PM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING - MED STAFF - 2 12
M.D.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 2/15/66 Druid Ridge	Cem. Pikesville Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Jones & Howell the Comit	28 MODATE EB 15 1968 Acharles Judge
france / lewell our cover	10, /// UATE - 10 1000

Battemer Batto England of the state of the distance of the Auth D. Me Bride william Scott Henristin thee chrosoft grote the state of the s STATE OF THE STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY O 11	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE Manufand b. COUNTY Baltimore
Baltimore MARYLAND	
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Brooklandville	Brooklandville 03-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Falls Road near Valley Road	Falls Road Near V lley Rd. YES NO [
3. NAME DF DECEASED (Type or print) Ellen Moluch Moaffrey	Last 4. DATE Month Day Year OF DEATH February 24, 1966 19
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Nov. 1, 1890 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Mi
1Da. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired) TOUS EULE 1 INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY? Pennsylvania
13. FATHER'S NAME John McManis	14. MOTHER'S MAIDEN NAME. Jane Ann Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17,	
	amily Records
[18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	a of san smarch smar
DUE TO	
Conditions, If any, which (b)	
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Pert II of Item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PL Hour a.m., While Not While fact at work at work	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
	Det 15 20/1 1 Elk 1H 20/6 Hat Ward land
21. I certify that (1) (this hospital) attended the deceased from	20 15 , 1962, to 1-624, 1966, that 11) (we) last
	at death occurred at 8 PM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
Glarge I. Juliane M.	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S George T. Gilmore, M. D.	22d. ADDRESS Lutherville, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
O DEMOVAL (Specify)	tery Cockeysville, Maryland
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	MAD O 1000 Minutes Pules
John Burns Sons, Towson, Maryland	DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please comple carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

U1995 CERTIFICAT	E OF DEATH	リエンサル
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: e. STATE b. COUNTY	Residence before admission)
Baltimore MARYLAND	Margada C	arous
b. CITY OR TDWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURA)	L and give nearest town)
Mount Wilson	Sunchneille	01-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Mount Wilson State Hospital		YES NO
3. NAME OF DECEASED (Type or print) WILLIAM IRVIN MIDDLE CI	LANAHAN 4. DATE Month 2	28 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIVORCED WIDOWED DIVORCED TO	B. DATE OF BIRTH 9. AGE (In years FUNDER last birthdey) Months Mon	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11, BIRTHPLACE (County & State, or foreign country) 12. (CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Virginia	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LUTHER T. MCCLANAHAN	EMMA DEAVERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	. INFORMANT Address	
NO 214-16-5722 Ho	sp.recorddsMt.Wilson State	e Hospital
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A A	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	l la las esancedes	ONSET AND DEATH
IMMEDIATE CAUSE (a) FOR CONTROL OF	Moodelate	
DUE TO	+ 00 000	940000
Conditions, if any, which gave rise to immediate	uibe culting	the officer
cause (e), stating the DUE TO		0
underlying cause last. (c)		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING DOOR ONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Port I or Port II of item 1	B.)
	AGE OF INHIDY (Home form 904 (Older or town) (Co	ounty) (State)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bidg., etc.)	unity) (State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	5.6. 1965, to 2.28. 196	that (I) (we) last
saw the deceased alive on 2, 20 1966, and the	at death occurred at 41.50, from the causes and on	
22e. SIGNATURE	/ / //	DATE SIGNED
1 Menterny M.	.D. ATTENDING MED. STAFF 2	. 28-1966.
226 PHYSICIAN'S	22d. ADDRESS	
Wm. NAME (Type) omer, M.D., Superintende	nt MountWilson, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		ounty) (Staye)
BIRLAY 3-3-19/6 STON	NS FLUCTT CI	TY Md
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
EDIL: 1 THE Elliconteity	MAP 2 1060 Million 1	Queer
1. Lillandollon	d philar 2 1966 fluente	D Jung

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 995 and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland the MARYLANO by the Pages CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b on papers. Pag within 72 hours hours Baltimore 21213 .= Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS filled St. Joseph Hospital 1719 Rutland Ave. completely ve carbon p within 3. NAME DF First DATE Month Middle Last 4. DECEASED event, Elizabeth McCubbin 2 Marv DEATH (Type or print) executed 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays 4-29-1898 Female White WIOOWED [sician a lease re and in 3 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY Homemaker Baltimore, Maryland home physi certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal Mary E. Lyons Henry R. Breuning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address the attendit permit. 50 death (Yes, no, or unkown) | (If yes give war or dates of service) John J. McCubbin, husband, above cremation, none CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ial-transi Š PART I. OEATH WAS CAUSED BY: Congestive heart failure or attending physician. been signed the burial-transtrantor to burial, cre IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which Coronary artery disease gave rise to Immediate OUE TD cause (a), stating the has be as the prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) certificate his shed for use a 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of item 18.) After this o MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not Whlie þ be at work at work ould the 1966 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the 19 66 . and that death occurred at saw the deceased alive on. 22a. SICNATURE ATTENDING STAFF PHYS. X DIRECTOR M.O. PHYS. 4 may HOSPITAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p Reynaldo P. Madrinan 7620 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY REMOYAL (Specify) Burial 1966 Holv Redeemer Cemetery

Home, Inc.

(County) (State) 19.66 that (I) (we) last 40 M. from the causes and on the date stated above. 22b. DATE SIGNEO 14/66 York Rd., Baltimore, Md. 21204 23d. LOCATION (City, town or county) (State) Balto., Md. REC'D BY REGISTRAR | 25b. RECISTRAR'S SIGNATURE

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Year

19

Hours

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PERFORMED?

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YES

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5305 Harford Rd, Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 20M 1/65

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ARYLAND STATE DEPARTMENT OF HEALTH

FUR STATE HELLTH DEPT.

DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with he State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL FYAMINER'S CERTIFICATE OF DEATH

Plant ispensary 3. NAME OF DECASED PER IND. 5. SEX	- 020	MILDIO/IL	EXAMINER	OEK III IOATI	OI DEATH		The Carlo
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tow Sparrows Point d. RAME OF Hospital or Institution (if not in hospital, give street address) Plant ispensary 3. RAME OF THE STRUTTON (if not in hospital, give street address) 3. RAME OF THE STRUTTON (if not in hospital, give street address) 3. RAME OF THE STRUTTON (if not in hospital, give street address) 3. RAME OF THE STRUTTON (if not in hospital, give street address) 5. SEX	a. COUNTYBa	ltimore	MARYLAND	a. STATE	b. cour		e before admission
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Security			With the				
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13. FATHER'S NAME FOSTET MCNeill 14. MOTHER'S MAIDE NAME FOSTET MCNeill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Martha McNeill - 2310 Mt. Royal Terrace 18. CAUSE OF DEATH LENter only one cause (pe) line forta), (b), and (c).1 PART I. DEATH WAS CAUSE BY: UNMEDIATE CAUSE (e) DUE TO Conditions, If any, which DUE TO Conditions, If any, whi	during most of work!	ng life, even if retired)	NDUSTRY		ate or foreign country)	12. CITIZEN COUNTRY	OF WHAT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Pet, No. or unknown) (Hyste fire war or date of service) 240-12-2073 Martha McNeill - 2310 Mt. Royal Terrace 18. CAUSE OF DEATH (Enter only one cause pet) line fory(a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (e) UDUE TO Undertying cause last. DUE TO LOCALIST CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE (A) EXECUTED TO CONTRIBUTING CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE WAS 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Itam 18.) 21. I certify that I took charge of the remains described above, held an Autopsy (home, farm, p.m.) 21. I certify that I took charge of the remains described above, held an Autopsy (home) (County) (State) ACTUAL SIGNATURE EXAMINER'S NATURAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 24. FUNERAL DIRECTOR 25. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3 SIGNATURE 26. FUNERAL DIRECTOR 25. REGISTRAR 25b. REGISTRAR 3 SIGNATURE 26. FUNERAL DIRECTOR 27. FUNERAL DIRECTOR 28. REGISTRAR 25b. REGISTRAR 3 SIGNATURE 27. FUNERAL DIRECTOR 28. REGISTRAR 25b. REGISTRAR 3 SIGNATURE	13. FATHER'S NAMI		and				
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21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner ACTUAL		(0)	TINE TO DEATH BUT NOT RELA	TED TO THE TERMINAL O	ISEASE CONDITION GIVEN IN		PERFORMEO?
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ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county) 23a. Burla, CREMATION, 23b. Date thereof 23c. Name of cemetery or crematory Burlal 24. FUNERAL DIRECTOR ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNER 23d. LOCATION (City, town or county) (Stata) Bultimore, Maryland 24. FUNERAL DIRECTOR AOORESS 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							a in my opinio
EXAMINER'S THEO. C. PATTURES ON Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL (Specify) 2-17-66 Arbutus Memorial Park 25d. REGISTRAR' 25b. REGISTRAR'S SIGNATURE AOORESS DEPUTY MEDICAL EXAMINER D Address (Street, city, town, or county) 23d. LOCATION (City, town or county) Baltimore, Maryland 24. FUNERAL DIRECTOR AOORESS DEPUTY MEDICAL EXAMINER D Address (Street, city, town, or county) Baltimore, Maryland 25d. REGISTRAR'S SIGNATURE		0 00	00				
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24. FUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	EXAMINER'S NAME (Type)	THEO. C. P.	atterson				2/12/6
24. FUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23a. BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY			1- /
24. FUNERAL DIRECTOR AOORESS 7254. RECIDENTARY 25b. REGISTRARY SIGNATURE			Arbutus Memo	rial Park			
Charles R. Law 802 Madison Ave., Balto., Md. DATE FED 14 1906			AOORESS	75a: REC	EB 1 4 1966	EGISTRAR'S SIGN	

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Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confiderery filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-				
1.	PLACE OF DEATH a. COUNTY			tution: Residence before admission)
	Baltimore MARYLAND	a. STATE Marylan	d. 2. 030mm	Dallemare
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			RURAL and give nearest town)
	Baltimore	Baltimore		82-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
?	St. Joseph Hospital	8501 Harf	ord Rd 21234	ON A FARM? YES NO
3.	NAME DF First Middle	Last	4. DATE Month	Day Year
	(Type or print) Robert Andrew	TEYERS	OF DEATH February	7 24 156
5.	SEX 6. COLOR OR RACE 7. Manual No. 1 8	B. DATE OF BIRTH	IO ACE /In moone LIE	UNDER 1 YEAR IF UNDER 24 HRS.
1		3/27/01		Ionths Days Hours Min.
1-0	DIVORCES		yrs.	
dui	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired)	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	BUFFER Bendin Co	Maryla	nd	O CONTINUE
13	FATHER'S NAME,	14. MOTHER'S MAID		
	WilLiam Meyers	Mari	2	
15		INCODMANT	Address	
	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	INFORMANT	Address	22 1/1 / 2
	NU 220-07-1794	Louis 1	neyers 25	22 Wend overly
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	المد والمالية والمراد	2	ONSET AND DEATH
10	PART I. DEATH WAS CAUSED BY: Carcinoma of adren	ISTS WITH MI	despread metast	ases
	170 DUE TO	a district		
	Cenditions, if any, which Pneumonia, bilater	al		
	gave rise to immediate (cause (a), stating the DUE TO			
	underlying cause last. (c)			
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
IA.				PERFORMED?
F	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	DDFD (Fater acture of	Johnson In Rook I or Rook II of I	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KKED. (Enter nature or	Injury In Part I or Part II of I	nem 10.)
Ä	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., et	tc.)	
Z	p.m. 19 at work at work	12	// D.1 Oli	
	ZI. I deltily that (i) (this hospital) attended the deceased from			, 1966 , that (I) (we) last
	saw the deceased alive on Feb. 24 1966, and that	death occurred at		nd on the date stated above.
	22a. SIGNATURE			22b. DATE S'GNED
1	Dalsonnant M.D		MED. STAFF PHYS.	Feb. 24, 1966
	22c. PHYSICIAN'S	22d. ADDRESS		
	NAME (Type) D. R. Govinda Rao, M.D.	7620 Yor	k Road, Towson	4, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	, 23d. LOCATION (Sity, tow)	n or county) (State)
1	SREMOVAL (Specify) 2-28-66 MORELAN	d Memory	1 SAL	10 Md
24	FUNERAL DIRECTOR ADDRESS	25a. REC	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
1	- Francis See See Marking	RY DEEB	28 1000 ml	anda Onder
_	-1 1. LIMIN + UUN 0000 TIGATORS	10 DATE B	28 1956 Jan	ares Juage

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. AI5

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0.2	000		CERTIFICAT	E OF DEATH		01948
1. PLACE D a. COUN	F DEATH TY BALTIMORE			- OTATE	CE (Where deceased lived, If Instit YLAND b. COUNTY	
	OR TOWN (if outside corpora RURAL and give nearest tow C HOWARD	te limits, c.	MARYLAND LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
	OF HOSPITAL OR INSTITUTION	ON (If not in hospit	al, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME DE DECEASE (Type or	ED F	rst EDERICK	Middle	Last MONATH	4. DATE Month DF DEATH FEBRUA	Day Year
5. SEX MALE			NEVER MARRIED K	8. DATE OF BIRTH JULY 10, 19	last birthday) M	UNDER 1 YEAR ILF UNDER 24 HRS.
LUMBER	CCUPATION (Give kind of work of working life, even if retire	done 1Db. KIND (d) INDUS	TRY	11. BIRTHPLACE (C	ounty & State, or foreign country) E, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
	PREDERICK H. MC		IAL SECURITY NO. 17.	14. MOTHER'S MAIL ELSIE GI		
(Yes, no, or us	nkown) (If yes give war or dates of WW II	of service) 215	09 2182 CI			HOWARD, MD.
PAF 4	USE DF DEATH (Enter only or RT I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 93 X DEED ONS, If any, which \	PNEUM COO ATELE		ERMINED ORGA	ANISM	INTERVAL BETWEEN ONSET AND DEATH RECENT
gave ri cause underiyi	se to immediate (a), stating the ng cause last.	(c) SQUAM	OUS CELL CA	RCINOMA, RIC	CHI LUNG	UNKNOWN
PART II.	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	PERFORMED? YES ND
	CIDENT WAS UNDERLYING TIPE TO CAUSE OF DEA ER, NOTIFY MEDICAL EXAMI	TH NER)	RIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part I or Part II of i	
	ME OF INJURY Month, Day, bur a.m. p.m. 19		Y OCCURRED 2De. PL fact at work	ACE OF INJURY (Home, factory, street, office bldg., e	etc.)	(County) (State)
saw	certify that (t) (this hos the deceased alive on	pital) attended to 2/10/66		1/27/66 , 1 at death occurred at 4	2:35PMrom the causes ar	
	HYSICIAN'S	herso	(D. PHYS.	MED. DIRECTOR PHYS.	2/11/66
	AME (Type) NETIOI	NEILSON,	, M. D.		RT HOWARD, MARYI	AND
BUR	L CREMATION, 23b. DATE (AL (Specify) 2/14/6		PARKWOOD C	EMETERY	BALTIMORE, M	ARYTAND
24. FUNER	AL DIRECTOR		ADDRESS ULLRICH FUN	ERAL HOME	C'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

BELAIR ROAD, BALTINORE,

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STAT	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
	02001	CERTIFICATE OF DEATH	01949
_	UUUU		- I de la Tal.

11/2/11	1		CERTIFICAT	E OF DEATH				34.1
PLACE OF DEA a. COUNTY	TH Baltimore		MARYLAND	2. USUAL RESIDENCE a. STATE Ma	E (Where decea	sed lived, If Inst b. COUN		e before admission)
write RUR	WN (if outside corpora L and give nearest tov SVIILE	ite limits, vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		rate limits, wri	te RURAL and g	ve nearest town)
			ospital, give street address; lle, Maryland	d. STREET ADDRESS 318 Mary	dell Rd	i		e. IS RESIDENCE DN A FARM? YES ND
3. NAME DF DECEASED (Type or print		_{Irst} garet	Middle M.	Last Morrow	4. DATE DF DEATH	Month Februar		Year 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. /	AGE (In years last birthday)	FUNDER 1 YEAR Months Days	Hours Min.
Female	White	WIDOWED	DIVORCED _	October 24,1	.894	71 yrs.		
Da. USUAL OCCUP uring most of wo House	ATION (Give kind of work king life, even if retire rife	(done 10b. K	IND DF BUSINESS OR NDUSTRY	Baltimore			12. CITIZEN COUNTR U.S	Y?
13. FATHER'S NA		102		14. MOTHER'S MAIDE	EN NAME			
Franc:	s Cook			Unknown	1			
15. WAS DECEASE (Yes, no, or unkown	DEVER IN U.S. ARMED FO (If yes give war or dates	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Virginia Croo	ks, 130	Addres Ol Birch		227
	DEATH [Enter only or DEATH WAS CAUSED B)		ine for (a), (b), and (c).]		7.		INT	ERVAL BETWEEN SET AND DEATH
Conditions, I gave rise to cause (a), underlying ca	stating the DUE	(b) and	rioselentie (andio Vacce	las D	minse	/	0377
7		(c)ONS CONTRIBI	JTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DI	ISEASE CONDI	TION GIVEN IN F		WAS AUTDPSY PERFORMED?
20a. ACCIDENT OR CONTRIBL (IF EITHER, N	T WAS UNDERLYING TING CAUSE OF DEA	TH INER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part	l or Part II of	f Item 18.)	
Hour :	INJURY Month, Day, o.m. 19	Year 20d. I While at work	Not While fact	ACE OF INJURY (Home, far ory, street, office bldg., et	rm, 20f. (C	ity or town)	(County)	(State)
	ify that (I) (this hos	pital) attend 2- /	ed the deceased from	3 - 27-, 19	65, to_			hat (I) (we) las te stated above
22a. SIGNAT	URE X FRI	Loge	y obs · M.	D. PHYS.	MED.	STAFF PHYS.	22b. DATE S	
22c. PHYSIC NAME		- K. G.	Mager, Sr.	22d. ADDRESS 6289374	derich	an.B.	DeTizis	25 md
23a. BURIAL, CR REMOVAL (S Buria			New Cathedral			ation (city, to cimore, I		(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regrove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

warin. Secretary and the second second distriction of the second Carlinging Descension of 20th Sugarie Methodian to the same good days 11-6 6 2-17. 66 2 ' 10 - 66 - 749 him in bourged Line KAUL TREAM BOX BOXTIMER E AVE TENDER 27 c/ 966 Million Dister Conferen 2001 1 2 8 27 - 2002 - Warnes well & own .

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02003
CERTIFICATE OF DEATH

1) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

-											-	-
ji.	PLACE DF DEAT a. COUNTY	Baltimore		MARYLAN	a. ST.		,	eased lived, If in b. COUI				lmission)
	b. CITY OR TOW	/N (if outside corporate lin	ilts,	c. LENGTH OF STAY IN				porate limits, wr	ite RURAL	and giv	e neares	t town)
		and give nearest town)					Ra	ltimore			0 _	1
		Baltimore SPITAL OR INSTITUTION (if	not in hos	enital give etreet addre	d STDEE	T ADDRESS		I OLIMOT C		A	IS RES	IDENCE
				spital, give street addit	u. STREE			1 D 1			ON A F	
	6	702 Sherwood F	load			0702 5	nerwo	od Road		Y	ES	NO X
3.	NAME OF OECEASED (Type or print)	First Irene		S. Mox	ley	t	4. DATE OF OEATH	Feb. 7		Day	Yea 19	66 .
12	sex Female	7.75 . 1	IARRIED D	NEVER MARRIED DIVORCED	Sept. 1			AGE (In years last birthday)	Months	Days	Hours	Min.
		TION (Give kind of work done king life, even if retired) wife	INI	ND OF BUSINESS OR DUSTRY	11. BIRT	HPLACE (Cour		or foreign country	12. CI	TIZEN C UNTRY		
13	. FATHER'S NAM				14. MOT	HER'S MAIDE			1			
		?	McAT	У ОУ			C	atherine	McIn	tyre	}	
16	WAS DECEASED	EVER IN U.S. ARMED FORCES	27 16 9	OCIAL SECURITYNO.	17. INFDRMAN			Addre	22			
		(If yes give war or dates of servi	ce)		r. Willi		Moxle		(Sar	me)		
	18. CAUSE DF	DEATH [Enter only one cau	se per lin	e for (a), (b), and (c).]			1		1		VAL BE	
	PART I. D	EATH WAS CAUSED BY:	Da.	tracranial	Tune	15-1	same	mama_		UNSE	T AND I	LAIN
	223.	IMMEDIATE CAUSE (a)_	300	- Hot in may	- Mille	0	. 4			-	A STATE OF THE PARTY OF THE PAR	0.1
	Conditions 16	DUE TO		6	Langlis	neuko	fibre	ma_		1/2	next	ns:
	Conditions, If gave rise to			1	7	- 2					-	
	cause (a), s								1 30			
-	underlying cau			· · · · · · · · · · · · · · · · · · ·								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUT	ING TO DEATH BUT NOT	RELATED TO THE	TERMINAL DIS	SEASE CON	DITION GIVEN IN	PART 1(a)	19. YES	WAS AU PERFOR	
ERTIFI	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	2Db. DI	ESCRIBE HOW INJURY	OCCURRED. (Ent	er nature of i	njury in Pa	art I or Part II o	of Item 18.)		
		INJURY Month, Day, Year	1 20d IN	JURY OCCURRED 20e.	DI ACE OF INIII	DV (Home form	n i 2Df	(City or town)	(Cou	ntv)	(State)
MEDICAL	Hour a.		While at work	Not While at work	factory, street, o	ffice bldg., etc	.)	(City of town)	(000)	11.677	(0	,,,,,,,
	21 I certi	fy that (I) (this hospital)	attende	d the deceased from	7./19	19	65, to	2/7	. 1960	6_ th:	at (I) (Y	last
		ceased dive on	17					om the causes	and on th	ne date	stated	above.
	22a. SIGNATU		1	, unu					22b. DA			
		Kelin Stell	97	Man Affer	M.D. PHYS.		ED.	STAFF PHYS.		2/8	3/66	
	22c. PHYSICI NAME (T		2. 1	EBHARDT I	22d.	ADDRESS 11 NORT		0	: BA.	10.	m	9
22	DIDIAL ODE			23c. NAME OF CEME	TERY OR CREMA	TODY	1 234 10	CATION (City, t	OWD OF CO	intv)	19	tate)
23	a. BURIAL, CREI REMOVAL (Sp	ecify)					230. LC	Baltimo			(3)	1010)
_	Durla	2/11/60	0.	Parkwood	Cemetery	LOCA DECI	D DV DEAL	STRAR 25b. R			TIDE	
	FUNERAL DIR			ADDRESS		25a REC'I	1 0 4	OCC P	Land		edas	
1	Leonard e	J. Ruck Inc. H	alto.	Md. 21214		DATE D	IU	JOO AL	John Co	of you	20-92	-

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MARYLAND STATE DEPARTMENT OF HEALTH

h	DIVISION OF STATISTICAL RESEAR	CH AND RECORDS,	OF DEATH	STREET, BALTIA	ORE 1, MARYL	AND 01059
1	PLACE OF DEATH		2. USUAL RESIDENC	E (Where decessed live	ed. If institution, Resider	nce before admission)
	a. COUNTY		a. STATEMd.		COUNTY	- danisating
	Baltimore	MARYLAND		autoi da assessata lissita	surite DIIDAL and aive	neared town)
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outsida corporata limits	, Willia KUKAL and giva	nearasi town;
	Towson	12 yrs	Baltimo	ore	-	50-7
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS	0'-7-7 A	Several Services	e. IS RESIDENCE
	Stella Maris Hospice			ngfield Ave		YES NO PL
3.	NAME OF DECEASED (Type or print) Katherine Murphy	Middle	Last	4. DATE OF DEATH	Month 2 / 9 / 66	Yeer 19
5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED X B.	DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEAR	
	To Taf WIDOWE		11/27/1876	lest birth	gey) Months Deys	Hours Min.
10a		ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or foreign con	intry) 12. CITIZEN (OF WHAT COUNTRY?
	ne during most of working life, even if retired) Sec	retarial Work	Baltimor	e	USA	
	FATHER'S NAME		14. MOTHER'S MAIDEN	*		
	John V. Murphy		Sarah (ollers		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		ddress	
(Ye	No (If yes give wer or dates of service)	20-222506-A Mi	ss Kathleen	Murphy 13 F	lorida Ave.	Towson
	18. CAUSE OF DEATH [Enter only one ceuse per l		Jo auricen		I IN	ITERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		Vaccular	Carland	7	NSET AND DEATH
	IMMEDIATE CAUSE (e)			OU COUNTY.		
	DUE TO	2 Asi	计划.			
	Conditions, if eny, which gave rise to immediate cause					
	(a), steting the underlying DUE TO					
	ceuse lest. (c)			AL DISEASE COMPUTIO	AL COVER IN BART 1/ AL	40 WAS AUTORSY
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PAKI I(e)	PERFORMED?
CAI						YES NO
CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in I	Pert I or Pert II of item 18	.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m. 20d. While et wor	Not While fact	CE OF INJURY (Home, ferm ory, street, office bldg., etc.	20f. (City or town)	(County)	(Stete)
	21. I certify that (I) (this hospital) atten-	ded the deceased from	10/31/53	19, to 2/9/	66 19,	that (I) (we) las
	saw the deceased alive on2/8/66					
	228. SIGNATURE					22b. DATE
	tobert make	~ M	ATTENDING A	RED. STAFF	T 0/0/6/	SIGNED
	22c. PHYSICIAN'S		224 ADDDESS	7	2/9/00)
	NAME (Type) / Robert	J. Mahon	204	E. Joppa R	d lowson	
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, town or county)	(State)
	REMOVAL (Specify)	Dulana 1/1/1-	III Mem. Gande	(chauseille	Manuland
24	RUNEBAL DIRECTOR'S SIGNATURE	Dulaney Valle	125a. REC	D BY REGISTRAR 25	b. REGISTRAR'S SIGN	ATURE CONTRACT
3	Man Burnes Sons	/ MIRON 11		ED 1 4 400		

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 c., be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept.

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	TE DEPARTMENT OF HEALTH
02005	ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND [] [] []
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a

UZUUD CERTIFICAT	TE OF DEATH	01953
1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. STATE b. COUNTY b. COUNTY	esidence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FORT HOWARD c. LENGTH OF STAY IN 1b 81 DAYS	BALTIMORE	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION HOSPITAL	1 S. EAST AVENUE	YES NO X
	NAGENGAST 4. DATE Month OF DEATH FEBRUARY	8 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	423/91 68 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 13. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country) 12. Cl CO BAILTIMORE, MARYIAND U.S 14. MOTHER'S MAIDEN NAME	TIZEN OF WHAT DUNTRY?
GEORGE NAGENGAST	CATHERINE FRANCE INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	N.RECORDS, VA HOSPITAL FI HOWAR	TO MADVIAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	FORME RIGHT FRONTAL AREA	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to immediate cause (a) stating the DUE TO	EART DISEASE	UNKNOWN
underlying cause last. (c)		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NOX
	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	nty) (State)
21. I certify that (%(this hospital) attended the deceased from-	11/9/65 , 19 , to 2/8/66 , 19 at death occurred a 9:50 M/From the causes and on the causes and on the causes and on the causes are the causes and on the causes are the cau	, that(I) (we) last
200 CICHATURE	ATTENDING MED STAFE 22b. D/	ATE SIGNED
22c. PHYSICIAN'S WILLIAM B. KINGREE, M. D.	22d. ADDRESS VAH FORT HOWARD, MARYLAND	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL (Specify) 2-12-1966	rkwood BALTIMORE, MARY	TAND
24. FUNERAL DIRECTOR ADDRESS Lilly & Zeile	25a. REC'D BY REGISTRAR 25b. REGISTRAR' Pr Funeral Home	S SIGNATURE

VR AI5 (4) 20M 1/65

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A.B.C CUATMAN, SEARCHERS SERVE SEARCHERS.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		02006	CERTIFICATI	OF DEATH		01954
,	-	PLACE DF DEATH a. COUNTY altimore	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If Institu	ution: Residence before admission)
	M	write DIDAL and also nearest town)	c. LENGTH DF STAY IN 16	-7 . "	Iside corporate limits, write	RURAL and give nearest town) $30-4$
	M	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	EWINGTON/A	e. IS RESIDENCE ON A FARM? YES NOW
	3.	NAME OF First	Middle	VAIRNE "	4. DATE Month	Day Year
	_	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED WIDOWED WIDOWED	A MEASURE MARKETOO	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
	10a. duri	USUAL OCCUPATION (Give kind of work done 10b. KIN	DIVORCED DIV	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME NORMANNAIRNI	5	14. MOTHER'S MAINEN	NAME COLL	¥ 3/1
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO 16. SO 16. SO	A STATE OF THE PARTY OF THE PAR	p.records,	Address Mt. Wilson S	t. Hospital
		18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		NALE		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which) DUE TO (b) [- /N]	PHYZEM	A		Wentain
		gave rise to immediate cause (a), stating the underlying cause last.	ONIC BRO	NCHITIS		Circitair
	CERTIFICATION	MINIMAL TUISERCULUS	The Ru	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY RER FORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING ☐ 20b. OE DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury In Part I or Part II of I	(em 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work	URY OCCURRED 20e. PLAG	CE OF INJURY (Home, farm ry, street, office bldg., etc.	20f. (City or town)	(County) (State)
		21. I certify that (I) (this hospital) attended saw the deceased alive on FER 14		death occurred at 6	M, from the causes an	d on the date stated above
		22a. SIGNATURE MWCMM	M.0			22b. DATE SIGNED
		Wm. Newcomer, M.D., Super			lson, Maryla	
1	23a.	Barial 2/15/66	23c. NAME OF CEMETERY Carver Mem P	ark	23d. LOCATION (City, town Baltimore Md	
5	24.	do phus Halaca 120%	ADDRESS AVE	25a REGIO	15 1966 25b Jaco	istrans signature

VR A15 (4) 15M 4-64

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ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution: Residence before edmission) COUNTY hours b. COUNTY the d moro Arvo/ MARYLAND pue deat CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) þ RURAL end give naarast town) 24 affer 5 Pages within filled i NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? hoboth NO 4 completely papers. 3. NAME OF 4. DATE Middle Month Year 72 DECEASED OF (Type or print) DEATH 5 19 withi carbon 5. SEX 9. AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Days Hours WIDOWED DIVORCED event, physician please remove 10a, USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? or foraign country) dona during most of working life, even if retired) any 13. FATHER'S NAME Never 14. MOTHER'S MAIDEN NAME 5 attending and UNKNOWN UNKNOWN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN removal (Yas, no, or unkown) | (If yas give war or dates of service) the requires that permit. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN signed by ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO attending The law Conditions, if eny, which has been (b) gave rise to immediate cause DUE TO burial, (e), steting the underlying couse last. (c) the 0 PHYSICIAN: After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION the hospital 3 Q PERFORMED? NO V YES use prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH Health DIRECTOR: Afternament of the detached for the detached fo (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While 40 Hour e.m at work at work 19 p.m State Dept. 1966, that (I) (we) last 21. I certify that (!) (this haspital) attended the deceased from a 30 M, from the causes and saw the deceased alive on? 19.6 and that death occurred on the date stated above. Ö 22b. DATE 224 SIGNATURE ATTENDING STAFF page 3 swith the PHYS. DIRECTOR PHYS. Page 4 HOSPITAL M.D. FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. NAME (Typa) filed v death. 23d. LOCATION (City, CREMATORY 23a, BURIAL, CREMATION, 23b. THEREO town or cousty) REMOVAL (Spacify) の意思 REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 25e. 25b. REGISTRAR'S SIGNATURE DAFE VR A15 (4) 20M 5-63

adout. Barnett And Special ST The Total AL OVER LEVEL Eest Nursing Home Reliebeth Nursing Home This REAL ET 16018 = N= 10 dech 6, 1905 60 Comple Reserve unes sieved there worked sorking CHANGE OF THE STREET 91-WOW 25 47 LA Botto C. Ty Welfor French Morre Clarence E. IN- Williams Burent 2/18/66 pot Auburn Cometery Bothmer Maryland De A. J. Tellandt Darings Mills, Ind. Wille 21 1866 Persones Shings

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The law requires that the death certificate be executed The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIAN OR HOSPITAL:

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01956

FUN. H. LAWERS

02008	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PARTITION OF MARYLAND	STATE MORGIONA COUNTY BUILLING PE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (it outside conforata limits, write RURAL and give neerest town)
OR end give nearest town of the first place) TOWN (in this place)	TOWN Church 1/1 02-1
HOSPITAL OR	STREET (If rurel give location) ADDRESS
INSTITUTION OR STREET ADDRESS ///CENTER ST	AUDRESS III CENTER ST.
P. NAME OF (First) (Middla)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	DEATH PCD. 18-6-
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specifyl, A.C., 100	9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN, OF WHAT
dona during most of working life, even if OR INDUSTRY ratired) OR INDUSTRY	Stappond Va. country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ida Melson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give war or datas of service)	FLORENCE HEMING 200CEMENSI
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
Page 40 NIC	() tellostation 2 des
ANTECEDENT CAUSE (A) 9 10 10	a d
DISEASES OR CONDITIONS, IF ANY, (B)	Luts
STATING UNDERLYING CAUSE LAST. DUE TO	Durante - wash . T.) Copie
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	menuo agrains.
TO THE DEATH BUT NOT RELATED TO THE	Totolk BIRTH
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER. NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from J. L. J.M.	, 1930 to Feh 9 1966, that I last saw the deceased
alive on F. P. J	J. J.M. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Straet, city, town, state) DATE SIGNED
Milliam Color, M.D. 14	10 Can 1001. XUNDE112214 2/9/66
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Jown, or county) (State)
BURIAL 12-12-66 MT. Ly	Durn Pp/Lo. Ma.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO
DATE FEB 10 1966 Ferrances Jung	MARION I VIOTI VIN H. LAWOR

MOPTON + VYET

MARYLAND STATE HIS ANTHELY OF HIGETH-BALT RORU, 19.

CERTIFICATE OF DEATH

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			THE RESIDENCE OF THE PARTY OF T
		AL SULBICIAL DE CONTRACTOR	
SHE KAN			
	ALL RESERVED		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02000 CERTIFICATE OF DEATH

UGUUJ	- OI DEATH
1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
BALTIMORE MARYLAND	a. STATE b. COUNTY BALTO
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
CATONSVILLE	LATONSVILLE 05-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
312 ORLEY ROAD	120 CHERRY DELL RD. YES NO
NAME OF First Middle	Last 4. OATE Month Day Year
(Type or print) KATHERINE SMITH N	10 LAN DEATH FEB. 11 1966
	R DATE OF BIRTH 19 AGE (In years LIFTINDER 1 YEAR IF UNDER 24 HRS
	NOV. 4, 1903 last birthday) Months Days Hours Min.
I. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
ring most of working life, even if retired) INDUSTRY	L COUNTRY?
PAINTER BENDIX CO.	VIRGINIA
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OSCAR H. LACKEY	LENA L. SMITH
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
es, no, or unkown) (If yes give war or dates of service)	1 Fronte Congrave - 3, x Orlan Col
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	social manage
4201 DUE TO ASCUD	In II Park Donne 10d
Conditions, If any, which (b)	win affection !
gave rise to Immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
And the state of t	YES NO 4
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	7 24 2, 1967 to Petr 11, 1969 that (1) (we) las
saw the deceased alive on the 11 19 66, and that	death occurred atM, from the causes and on the date stated above
22a. SIGNATURE	1 22b. DATE SIGNED
yames E. Torre M.D.	ATTENDING MED. STAFF 2/14/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME TYPE MESE. ROWE	Calonwelle 20 nd
a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	O Class
Bureal 2-15-66 Called	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4. FUNERAL DIRECTOR ADDRESS	101 2550
Jarley - Covangue Cotiens of Home Celargin	detroport B 76 1966 (Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please comove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

funeral n papers. Pages hin 72 hours aft ompletely TO HOSPITAL ATTENDING PHYSICIA death. Page 4 may be retained by the hospita TO FUNERAL DIRECTOR. After this certifica

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5 M	A.	2	-
专	1	926	-
dea	P.	Die	100
9	Hen	9	-
-	- ro	논	2
AN: The law requires that the death certificate be at or attending physician.	ate has been signed by the attending physician and o	±.	0000
es	by	E	-
YS!	0	ď	-
5 4	B	nsit	
We in	S	-tra	-
- 2	8	e	000
Thatte	as	Part Part	-
20	P	he	
2-	ate		1

TO FU	directo be file	
	A15 M 7-	

MEDICAL

23a. BURIAL, CREMATION, 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE
Wm. Co. 1

Wm. Cook-Brooks Towson Towson, Md.

REMOVAL (Specify)

DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA Item ORDINATION OF STATISTICAL RESEARCH AND RECORD ORDINATION OF STATISTICAL RESEARCH AND RECORD OF STA	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL TE OF DEATH (1) 1	AND 958
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence b	
Baltimore MARYLAND	a. STATE Md. b. COUNTY Baltimore	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Timonium 3 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give need Timonium	rest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	. IS RESIDENCE
216 Cinder Rd.	216 Cinder Rd.	ON A FARM?
3. NAME OF First Middle DECEASED (Type or print) Julia Evelyn Norvell	Last 4. DATE Month Dey OF DEATH 2,19166	Yeer 19
	San Black And	UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Baltimore Md. 12. CITIZEN OF W	
13. FATHER'S NAME Julius E. Smith	14. MOTHER'S MAIDEN NAME ??NOT KNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 136 16 2873	Wm. D. Norvell, 216, Cinder Rd. Time	onium
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 INTERV	YAL BETWEEN T AND DEATH THE
Conditions, if any, which (b)		
gave rise to immediate ceuse (e), stating the underlying		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	PERFORMED?
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While While at work | et work

19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... M, from/the causes and on the date stated above. ...19.6. ... and that death occurred at saw the deceased alive on..... ATTENDING PHYS.

22d. ADDRESS

23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

Baltimore, Md. 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE EB 24 1966 Guarley June

PHYS.

THE CIMME BO. 206 Cinder Hd. is age1,11,0 Beltimore Md. Houseville Julius . I sulful CAMBULLY TOTAL 136 16 2073 Rd. E. Borwell, 216, Cluder Nd. Piecest The state of the s Burt 1 2,23,66 Pootlam . De . Donn's group's de la company de la co

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please found carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02011 CERTIFICATE OF DEATH

02013		CERTIFICA	AIE UF	DEATH			11.	130	17	
1. PLACE OF DEATH a. COUNTY Baltimore,	Md	MARYLAN	a. \$1	AL RESIDENCE (TATE Vland	(Where deceased	lived, If Ins b. COUN		lesidence	before ad	mission)
b. CITY OR TOWN (if outs write RURAL and give	ide corporate limits.	c. LENGTH OF STAY IN		OR TOWN (If our	tside corporate	imits, wr	te RURAL	and giv	e neares	t town)
Baltimore			Ba	ltimore				30	- 4	
		hospital, give street addr		T ADDRESS 60	028 Old	Harfo	rd Ro	1. 8	. IS RES	
St. Joseph	*		XXXX	M3000, Civia	pyzbenck			-		NO 🗌
3. NAME OF DECEASED (Type or print)	First eanor	Middle	Nye	st 4	OF DEATH	Month Feb.	13	Oay	Yea 19	66
5. SEX 6. COLO	R OR RACE 7. MARRIE	O NEVER MARRIEO	8. DATE O	F BIRTH	9. AGE	(In years birthday)	IF UNDER	1 YEAR	Hours	24 HRS.
	hite WIDOWE] 6/15	/77	8	8 yrs.				1411111.
10a. USUAL OCCUPATION (Give during most of working life, e	kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIR	THPLACE (Count	y & State, or for	eign country) 12. C	ITIZEN (DUN T RY	OF WHAT	
Homemaker				Virginia			U	.S.A		
13. FATHER'S NAME			14. MDT	HER'S MAIDEN	NAME	Inknow	n			
John Fox				1000						
15. WAS DECEASED EVER IN U. (Yes, no, or unkown) (If yes give	war or dates of service)	37	17. INFORMAN			Addres				
No 18. CAUSE OF DEATH [E			liss The	lma Nye		(Sam	e)			
Conditions, If any, while gave rise to immediat cause (a), stating the underlying cause last.	OUE TO (c) Ar	njestive hear teroselorotic	desease	э.		NOWEN IN	DADT I (A)	119.	WAS AU	TODEV
ICAT								YES	PERFOR	
	ERLYING [] 20b. JSE OF DEATH CAL EXAMINER)	OESCRIBE HOW INJURY (OCCURREO. (Ent	er nature of in	Jury in Part I o	or Part II o	f Item 18	.)		
20c. TIME OF INJURY M Hour a.m. p.m.	fonth, Oay, Year 20d. Whil 19 at wo	e - Not While -	PLACE OF INJU actory, street, o	IRY (Home, farm, office bldg., etc.)	20f. (City	or town)	(Cou	inty)	(S	state)
21. I certify that (I) saw the deceased at 22a. SIGNATURE	0 10	ded the deceased from 19, and		66, 19 curred at_3:		_13_66 e causes		he date	stated	
Ruguelle	P. Dadre	van 1	M.D. PHYS.	DIR). ¬ S	TAFF HYS.		13/6		
22c. PHYSICIAN'S NAME (Type)	Dr. Reyn	aldo B. Madri	7-41. 1	ADORESS St.	Joseph	Hospi	tal			
REMOVAL (Specify) Burial	2/16/66.	23c. NAME OF CEME Meadwwridge		metery		kridg	e, Mo			ate)
24. FUNERAL DIRECTOR Leonard J. Ruc	k Inc, Balto	ADORESS Md. 21214		OATE	BY REGISTRAN	0.	GISTRAR'		ATURE	e
					- T- 1V	1		- V/1	1	

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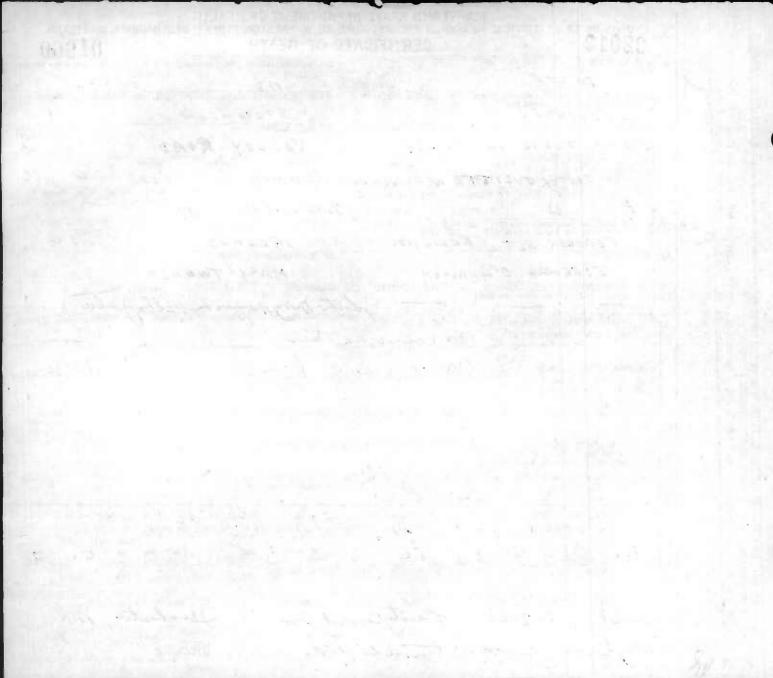
MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

CAUTO		CERTIFICA	IE UF DEATH		01960
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived, If Insti	tution: Residence before admission)
a. COUNTY	ALTO.		a. STATE	b. COUNT	Y
		MARYLAND	M.D.		BALTO,
write RURAL and	f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1			e RURAL and give nearest town)
	ENSON		STEVE	NSON	03-1
		in hospital, give street addres	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	JULIE INF	IRMARY	"	ROAD	YES NO
3. NAME DF DECEASED (Type or print) 5/	STER TULITA	Middle FA OF SACRED HE		DATE Month DF DEATH FEB.	Day Year
5. SEX 6.	COLOR OR RACE 7. MARR	TED NEVER MARRIED	S. DATE OF BIRTH	9. ACE (In years III last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Ionths Days Hours Min.
10a. USUAL DCCUPATION	(Give kind of work done 10	VED DIVORCED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (County	Ctate or foreign country)	1 12. CITIZEN OF WHAT
during most of working i	life, even If retired)	INDUSTRY RELICIONS	IRELA		CDUNTRY?
13. FATHER'S NAME	MEN . I		14. MOTHER'S MAIDEN N		
JEI	REMIAH O'MA	HONEY	MARY	TWOMEY	
15. WAS DECEASED EVER			. INFORMANT	Address	
(1cs, no, or uncomp)	yes give war or dates or service)		ister more may	with Villa,	Julie
18. CAUSE OF DEA	TH [Enter only one cause p	per line for (a), (b), and (c).]	, 00	U	INTERVAL BETWEEN
	WAS CAUSED BY:	Carcinom	atrois.		ONSET AND DEATH
170 V	DUE TO		1		
Conditions, If any,		Carcinoma	1 hers		10 year.
gave rise to imr	mediate (00000000	X		0
cause (a), statin	-		0		
		RIDIITING TO DEATH BUT NOT BE	LATED TO THE TERMINAL DISEAS	E CONDITION CIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
PARTII. OTHER SICN PARTII. OTHER SICN DE 2Da. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	THOMAT CONDITIONS <u>CONT</u>	NI DOTTING TO DEATH DOTTING THE	EALED TO THE TERMINAL DISEASE	, condition of ten in the	PERFORMED? YES NO
2Da. ACCIDENT WAS	S UNDERLYING 201	b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of Injur	y in Part I or Part II of	Item 18.)
(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
정 20c. TIME OF INJU	IRY Month, Day, Year 20	d. INJURY DCCURRED 20e. P	LACE DF INJURY (Home, farm,	2Df. (City or town)	(County) (State)
20c. TIME OF INJU Hour a.m. p.m.		hile Not While fac	ctory, street, office bldg., etc.)		
		ended the deceased from_	. 1960	1 to 2-4	, 1966, that (I) (we) last
saw the deceas	sed alive on 2 -	2 1966, and th			nd on the date stated above.
22a. SICNATURE	1.11.00		1 1	and the second s	22b. DATE SICNED
Haral	At Burn	a ma	A.D. PHYS. DIRECT	TOR STAFF	2-4-66
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		
MAINE (Type)		=			
23a. BURIAL, CREMATIC	1	23c. NAME OF CEMETE	RY OR CREMATORY 2	Bd. LOCATION (City, tow	n or county) (State)
Berne	2-7-66		ent Cem.	Duckes	o ma.
24. FUNERAL DIRECTO	R	ADDRESS	7- 0 25a. REC'D B'	027	SISTRAR'S SIGNATURE
Only Corr	nough FH.	Cutomielle	Md. DAFEEB 7	1966	iarles Juage

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

A15



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	LACE OF DEATH	LTTMORE		MARYLAND	ATATE OF	Where deceased lived, if institution b. CO	tutian: Residence DUNTY	before admission)
Ь		f outside corparate limit	rs.	c. LENGTH OF STAY IN 1b		utside carparate limits, write R	RURAL and give I	neorest tawn)
	FORT HOW	give nearest town)		234 DAYS		TIMORE		30-4
		AL OR INSTITUTION (If n	at in haspital,		d. STREET ADDRESS	LETTOTIL		e. IS RESIDENCE
	VETTERAN	S ADMINIST	NOT TPAR	HOSPTTAT.	1. GORSUG	CH AVENUE		ON A FARM? YES NO X
	IAME OF		irst	Middle	Last	4. DATE Mo	anth	Day Year
	Type or print)	TO	M	A.	ONIONS	OF DEATH FE	BRUARY	25 19 66
. 5		6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1	
N	ALE	WHITE	WIDOWED	DIVORCED	FEBRUARY 2	22, 1899 last birthday)		Days Hours Min.
		(Give kind of wark dane		CIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)		ZEN OF WHAT NTRY?
ırın	ng mast af warking SEAMAN	ine, even it retired)		NDUSTRY TPPTNG	TREDEGAR	S. WALES	U.S	
3.	FATHER'S NAME				14. MOTHER'S MAIDEN			
		ONIONS			SARAH			
S. Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16.	SOCIAL SECURITY NO. 17	. INFORMANT	Ad	dress	
	YES	WW II	3	74 10 6647 C	LIN RECORDS,	VA HOSPITAL,	FT HOW.	ARD, MD.
		ATH (Enter only one co			Laure of the second			INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) CH	REBRAL THROMB	OSIS			HOURS DEATH
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	332	* DUE	то			ATLANTA		
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove, cabon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in an every, within 72 hours after peath. Page 4 may be retained by the haspital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE DEATH OF funeral and 2 and 2 death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a. STATE b. COUNTY OWSOL VLAND MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1-72 hours hours .⊑ ALTIMO TIMO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? res Ve NO 4 within etely -bon NAME OF First Middle Last DATE Month Day Year OECEASED OF DEATH COB 1966 (Type or print) executed SEX 6. COLOR OR RACE OATE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 7. MARRIEO X 8. NEVER MARRIED ast birthday) Months Days Hours 6 WIOOWED DIVORCEOF 6 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT 2 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) INDUSTRY and reD-SALES D.S. N.D. M DTORS certificate a removal. FATHER'S NAME 16 K MOTHER'S MAIOEN NAME attending principle of their BLE ACOB TEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 10 death (Yes, no, or unkown) | (If yes give war or dates of service) cremation. the been signed by untile the burial-transit in to burial, cremat CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 4 DAYS I. OEATH WAS CAUSED BY: AILURE or attending physician. IMMEDIATE CAUSE (a) law requires that **OUE TO** YOCARDIAL INFARCTION Cenditions, If any, which gave rise to Immediate **OUE TO** (a), stating the prior underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY use for use Health The 1 PERFORMED? certificate NO NO YES retained by the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) detached for the Dept. of F After this MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work should the 21. I certify that (I) (this hospital) attended the deceased from 1966, to DIRECTOR: Jage 3 should lied with the 19.66, that (I) (we) last and that death occurred at 10:55M, from the causes and on the date stated above. saw the deceased alive on 66 22a. SIGNATURE 22b. DATE SIGNED pe filed ATTENDING MED. OIRECTOR M.O. PHYS. PHYS. Page 4 may TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Ballo BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Woodlawn. Woodlawn Balto Co REC'O BY REGISTRAR | 256. FUNERAL OIRECTOR REGISTRAR'S SIGN .Jenkins Sons Co York Road VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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	17		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVI AND
4	My		02015 CERTIFICATE OF DEATH	01963
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after	by the Pages 1 urs after	-	b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h C. CITY ON OWN (If outside corporate limits, write RIBRA) or	imore ~
hours	n ba		Ballingre 52 days / Bld llthihilthel/ Joppa	12 - 2
24 ho	led 72		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 348 Woodlea Dri	ve. IS RESIDENC
in 2	- E-		NAME OF FIRST A MIDDLE LAST LA BATE MOSTE	YES NO
within	npletely carbon ent, with	3.	NAME OF OECEASED (Type or print) Delores Dausy Confirme OF DEATH CENTRAL OF	0ay Year 1966
executed	and comple remove car any event,	5.	NEVER MARKIED NEVER MARKIED S. OALE OF BIRTH	
exec	an and remo	1.5	EMALE WHITE WIOOWEO DIVORCED 11-8-43 22 yrs. WIOOWEO DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	
e pe	1 8 S	dı		S. A.
certificate	ding phy Then p removal,	1.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
cert	ndin The The	1	15. WAS DECEASED EVER IN U.S. ARE OF RECEIVED TO SECURITY NO. 17. INFORMANT Robert L. OS DATES	
death	ne atter permit. ion, or	0	Yes, no, or unkown) (If yes give war or dates of service) 215-42-0730 PAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Md.
he d	幸また		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
hat t	ysician. igned by ial-trans ial, cren		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
res t	physic r sign burial burial		Cenditions, If any, which) (b) A colores disease	Fyrs.
redui	0 e e g		gave rise to immediate cause (a), stating the DUE TO	
We	has be e as th prior t	NO	underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The	cate r us lealt	CAT		PERFORMEO? YES NO
ICIAN		CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIA	the hos this condetache detache	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 (City or town) (County factory, street, office bldg., etc.)	(State)
ING	by fter	ME		
TEN	TOR: / Should		21. I certify that (I) (this hospital) attended the deceased from 1966, 1966, to 17, 1966 saw the deceased alive on 1966, and that death occurred at 2.39 M, from the causes and on the	z, that (I) (we) las
IR AT	× 3EE ×		22a. SIGNATURE 22b. OAT	
TAL	AL DIR page e filed		22c. PHYSICIAN'S 22d. ADDRESS	.115/966
OSPI	Page 4 ms o FUNERAL director, p should be		NAME (Type) Edmind Lively, M.D. Baltimore, Maryland	
TO H	Page 4 may I TO FUNERAL D director, pag should be file	23	Burial, Cremation, 23b. Date thereof 23c. Name of cemetery or Crematory 23d. LOCATION (City, town or count Rurial 19 Feb. 66 Bel Air Memorial Gardens, Bel Air,	
	K	2	4. FUNERAL DIRECTOR Tarrinaporessine ral Homesa. REC'D BY REGISTRAR 25b. REGISTRAR'S	
V	R AI5 (4)	0 7	thetate Transport of Aberdeen, Mary and the 21 1966 Claude.	

Mr. B. alline 52 days baltonia baltmore Trinkle Roll. achoras Raily Cohoms Edmay 17 . 11-8-43 Stongraphy Answel Baltima, Nayled U. S.A. Robert Caborne . The state of the naginating failers Hollows disease Falls, 17 Cc Jan 1 Ch Falls 17 66 191916 F. J. 191916 Title Waterwales &

Tage 4 may be retained by the mospitual of acceptance of acceptance of the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02016 CERTIFICATE OF DEATH

OMOTO		O-1111111111111	- 0/		HILL DUZ
1. PLACE DF DEATH a. CDUNTY				CE (Where deceased lived, 1f institution: R	Residence before admission)
	IMORE	MARYLANO	a. STATE MARYL	AND b. COUNTY BALT	PIMORE /
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL	, and give nearest town)
BALTIMORE	d give nearest town)		BALTIMO	RE	30-4
		hospital, give street address)	d. STREET AODRESS		e. IS RESIDENCE ON A FARM?
House in	the Pines Nur	sing Home	23 E. OSTE	EN STREET 21230	YES ND X
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	JOHN	GEORGE	OTTER	DEATH 2 26	1666
5. SEX 6	. CDLDR OR RACE 7. MARRII	D NEVER MARRIEO	B. OATE OF BIRTH	9. AGE (In years IF UNOER last birthday) Months I	Days Hours Min.
MALE W	HITE WIDOWE	O X DIVORCEO	7/23/1879	86 yrs.	Days Hours Will.
during most of working	life, even If retired)	KIND OF BUSINESS OR INOUSTRY		CO	ITIZEN OF WHAT OUNTRY?
	MAKER	RETIRED	MARYLAND		S.A.
13. FATHER'S NAME			14. MOTHER'S MAIO		
AU	GUST OTTER		ANNIE FLEC	KINGER	
	R IN U.S. ARMED FORCES? 1 f yes give war or dates of service)	6. SOCIAL SECURITYNO. 17.	INFORMANT	Address	
NONE		13-01-1406 A MIS	SS EDNA OTTE	ER, 942 PALLADI DRIV	VE 21227
18. CAUSE OF DEA	ATH [Enter only one cause pe	r line for (a), (b), and (c).]	1		INTERVAL BETWEEN
PART I. OEAT	H WAS CAUSEO BY: MMEDIATE CAUSE (a)	maker - however	moring.		ONSET AND DEATH
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Conditions, If any	which \ DUE TO	ruis Maroca	rdiles		1837
gave rise to Im	imediate (B)		- ' /		
cause (a), stati	ing the	yearlessed arte	moreless	5215	1575
	(0)	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL O	DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTDPSY
CAT					PERFORMED?
ZDa. ACCIDENT WA	AS UNDERLYING 1 2Db.	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	finjury in Part I or Part II of Item 18	
PART II. OTHER SIG	CAUSE OF OEATH Y MEDICAL EXAMINER)				
		INJURY OCCURRED 120e, PLA	CE OF INJURY (Home, fa	arm, 2Df. (City or town) (Cou	unty) (State)
ZOC. TIME OF INJ Hour a.m. p.m.	Whi	le Not While facto	ry, street, office bldg., e		
	19 at w		11 - 38 -	12 2 21	/ m . m > 1
	that (I) (this hospital) atter				6, that (I) (we) last
saw the decea	ised alive on	3- 1966, and that	death occurred at 2	AM, from the causes and on t	ne date stated above.
ZZa. SIGNATORE	x ey 88	. D.	ATTENOING -	MEO. STAFF	- 11
22c. PHYSICIAN'S		M.D M.D	PHYS.	OIRECTOR PHYS. 2-3	28-66
NAME (Type		R K. GALLAGER, SI		209 FREDERICK AVENUE	E-M/21228
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	
BURIAL, CREMAT BURIAL (Specification)	2/28/66	NEW CATHEDRAI			YLAND
24. FUNERAL DIRECT		AOORESS		C'D BY REGISTRAR 25b. REGISTRAR	
			444.00	2 1966 Icharl	
HUN CHARGON	LEAL HUME, 410	7 WILKENS AVE. 1	129 OANEAN	1 6 1300 1	yunge.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (12051) **DIVISION OF STATISTICAL RESEARCH AND** 02017

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Do 7 + dw awa	a. STATE b. COUNTY Baltimore
write RURAL and give nearest town)	Catonsville 03-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	
a. Maint of 11001 frat on morriotion (if not in nospital, give street addies	ON A FARM?
Shangri-Ia Nursing Home	40 Bloomsbury Avenue YES NO Y
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) ELiza D. Wwens Owens	DEATH Feb. 22. 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.
Female White WIDDWED N DIVORCED	Oct. 13, 1880 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Baltimore City, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Warren Paynter	Alice Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Baltimore Address Md. 21207
(Yes, no, or unkown) (If yes give war or dates of service)	
	Ars. Eva S. Rote 3827 Ferndale Avenue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	themores the
331X DUE TO A	A CONTRACTOR OF THE PARTY OF TH
Conditions, If any, which (b)	clines when
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
CAT	YES NO Z
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mule Wot Autie	ectory, street, office bldg., etc.)
	5/3 , 1957, to 2/22 , 1966, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from.	5/3, 1957, to 2/22, 1966, that (1) (we) last
	hat death occurred at 332M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 7 1/23///
	M.D. PHYS. LIDIRECTOR PHYS. LIZING
22c. PHYSICIAN'S CLUFF RATLIFF.	22d. ADDRESS 4605 Edwardon am # 29
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Iscopel Church Owensville, Md.
24. EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	ille, Md. DAFEEB 24 1956 goliarles Judge
	DAIL OF THE PROPERTY OF THE PR

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Catematrille, Mill bill bill

STATE HEALTH DEPT.

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

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Division of STATIS

MARY	LAND STATE DE	PARTMENT OF	HEALTH	
STICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	01965

	02018 MEDICAL EXAMINER'S	CERTIFICATI	E OF DEATH	01965
1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	e. STATE	E (Where deceased lived, If institution b. COUNTY Balli	
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	C. CITY OR TOWN (IT	outside corporete limits, write RU	RAL and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	3905 CO.	derdale Rd.	30 - /
	Bethelhem Steel Hospital	-	Baltimere	ON A FARM?
3.	NAME OF First Middle	Last	oint, Maryland	YES NO Day Year
	(Type or print) Richard N, Patterson		0F DEATH 2-16-	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND	DER 1 YEAR IF UNDER 24 HRS.
10	Male Negro WIDOWED DIVORCED	6-22-1909	56 yrs.	
qui	I. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) Cane operator Steel		0	COUNTRY?
	FATHER'S NAME	SUMMEN MAID	OUCK, Va. 12	4.5.7.
,	TLAIK MAININI	TINKNOV		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT	Address	edardale Rd.
	NO 213-09-3215 M	45 Marina	Patterson	egargaleng
	18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: WHITE CAUSE (a) ONO MANY	occluse	n.`	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Conditions, If eny, which (b)			
	gave rise to immediate couse (a), stating the DUE TO			
	underlying cause last. (c)			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	URRED. (Enter nature of	Injury In Part I or Part II of Item	18.)
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PL Hour a.m. While Not While at work at work at work	ACE OF INJURY (Home, fa ory, street, office bldg., e	orm, 2Df. (City or town) ((County) (State)
2	21. I certify that I took charge of the remains described above, he	eld an Autopsy ,	Inspection 1 Inquiry	, and In my opinion
	death resulted from: Natural causes Accident, Su	icide, Homicie	de 🔲, Undetermined mann	er _
	ACTUAL MBRAINS m	CHIEF MEDICAL		22. DATE SIGNED
	SIGNATURE 0800 Morningt		DICAL EXAMINER	2/11/1
	EXAMINER'S Dr. M. B. Davis MD. Dundalk 22,			116/66.
238			23d. LOCATION (City, town or	county) (State)
1	Jurial 2-20-66 192, Calva	ry Cnty	HANNE Prunde	16 Md.
24	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	01	FEB 2 1 1966	Carley Judge
1/0	anagen J. Caller 14126. Freston	DATE	7 - 1000	0

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T. S. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after ceath.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
02019	CERTIFICATI	OF DEATH		01966

1. PLACE DE DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi
Baltimare County MARYLAND	a. STATE b. COUNTY
b/CITY OR TOWN (If outside corporate limits, / I c. LENGTH OF STAY IN 1b	E. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tow
write RURAL and give nearest town)	Baltimere 03_1
d, NAME OF HOSPITAL OR INSTITUTION (If not in hespital, give street address)	d. STREET ADDRESS e. IS RESIDEN ON A FARM
Saltimore Country Gen, Hosp.	3502 Sagemen Cayes No
3./ NAME OF DECEASED First Middle (Type or print)	Paul Jearth File 196
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 241
Lewale Milhita WIDOWED DIVORCED	last birthday) Months Days Hours M
10a, USUAL OCCUPATION (Give kind of work done 10b, K of BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) HOUSEWIFE AT HOME	RUSSIA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELI GARBUS	RIFKA ?
(Vas ma an embaum) ((Eura mina man an datas af samina)	MORRIS PAUL 3502 SEDGEMOOR ROAD
NO MR	. MORRIS PAUL 3502 SEDGEMOOR ROAD
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	weephalo feating
332X DUE TO ON ON ON ON	
Conditions, if any, which (b) Circural Miles	monio
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED AS ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CAUSE OF	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP- PERFORMED YES NO
20a, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a, ACCIDENT WAS UNDERLYING ☐ 20b. OESCRIBE HOW INJURY OCCURED ON CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
Mulle Liver while Li	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Fele. 14 . 19 66 to Feb. 16 . 19 66, that (1) (we)
saw the deceased alive on 160. 16 19.00, and tha	at death occurred at 4/D. M, from the causes and on the date stated abo
22a. SIGNATURE /	22b. DATE/SIGNED
d.12. Lerma M.	D. ATTENDING MED. STAFF 2/16/60
22c. PHYSICIAN'S L. B. Lerma	Gallman County Sen. Hosp.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL SPECIFY) 2/17/66 MOSES MONTIF	FIORE WOODMOOK HEBREW BALTIMORE, MARYLAN
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN	V. RD DATE EB 21 1968 Scharles Judge

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executed within 24 hours after death.

fune. 1 and death. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZUZU)		CERTIFI	CATI	E OF DEATH				111	UE
1.	PLACE DE DEAT	н				2. USUAL RESIDENCE	(Where dece			before ad	lmission)
	a. COUNTY Baltimor			MARYI	ANO	a. STATE Maryland		b. county Balt	imore		
-	b. CITY OR TOW	N (if outside corpora	ate limits,	C. LENGTH OF STAY		c. CITY DR TOWN (If o	utside corp			ve neares	t town)
	Baltimo	and give nearest to	wn)			Baltimore				0-1	
-			ON (if not in h	ospital, give street a	ddress)	d. STREET ADORESS			10	. IS RES	
	St. Jose	eph's Hospi	ita1			301 Morris	Ave.,	Baltimor	e Count	ON A F	NO NO
3.	NAME DF DECEASED	F	irst	Middle		Last	4. DATE OF	Month	Day	Yea	ar
	(Type or print)		Freder	ick pane		Paxson 3rd	DEATH	Feb.		19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	<u>' </u>	B. OATE OF BIRTH	9.	AGE (In years IF last birthday)		Hours	24 HRS.
	Male	White	WIOOWEO	DIVORCE		July 3,1906		59 yrs.	7 6		******
10 du	ring most of work	TION (Give kind of work ling life, even if retire	ed) I	(INO OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (Cou		or foreign country)	12. CITIZEN COUNTRY	17	
- 12		on Officer	B	alto. Count	у	Radnor, I			U.S.A.		
15	3. FATHER'S NAM										
_	Frederi	ck Paxson,	Jr.	COOLAL OFOLID TAVALO	1 1 2	Kathleer	1 MITT	1ams Address			
		EVER IN U.S. ARMED F (If yes give war or dates	of service)	SOCIAL SECURITY NO			Dorra		lommic A	***	
	Yes	Marines		12-07-7159	1	rgaret Reese	raxs	011- 301 M			DUCEN
	The second second second			line for (a), (b), and (c	:).1	. 10	/	1	ONS	RVAL BE	DEATH
	PART I. O	EATH WAS CAUSED B IMMEDIATE CAUSI	Y: (a) //	Macar	sh	ial gling	asc	lean	- 3	0 m	nen
	420	/ DUE	E TO /	1			11-		,		1
	Cenditions, If		(b)	mano	1	y Mary	uc	1	6	yr	1
	gave rise to cause (a), s	\ 0111	E TO					//			
_	underlying cau	se last.	(c)			,		V	D=4(-) (40	SHAC AL	ITODEY
1017	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL DI	SEASE CONE	DITION GIVEN IN PA	ART 1(a) 19.	WAS AL PERFOR	MED?
ICA									YE	ES	NO Z
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DE	ATH	DESCRIBE HOW INJU	RY OCCI	JRRED. (Enter nature of	injury in Pa	rt I or Part II of	Item 18.)		
SAL	20c. TIME OF	INJURY Month, Oay	, Year 20d.	INJURY OCCURREO	20e. PLA	CE OF INJURY (Home, far		City or town)	(County)	(:	State)
MEDICAL	Hour a.		While		facto	ory, street, office bldg., etc	3.)				
2		m. 19			1000	scht 1 10	57. to	FAK9	, 1966, ti	hat (i))	ve) las
	A	eceased alive on	spitall attent	ded the deceased f	and tha	t death occurred at 4					
	22a. SIGNATU		They	13 660, 6	anu tiia	t death occorred at 4	111, 110	III the badses a	22b. DATE	GNED	
1	ll o	2111	Hila.	10-0	М.		ED.	STAFF PHYS.	Fehle	0.19	16
	22c. PHYSICI	AN'S	V			22d. AODRESS				1	
	NAME (T	ype// Geor	ge T. G	ilmore, M.I	•						
23	Ba. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETER	Y OR CREMATORY	23d. LO	CATION (City, tow	n or county)	(S	tate)
1	removal (Sp		0 1966	Greenmoun	+ Cn	ematarium	Balt	imane Mr	muland		
1 2	4. FUNERAL DIR			ADDRESS	-	25a. REC	D BY AEGIS	TRAR 250. REC	ISTRAR'S SIGI	NATURE	
)	John Rul	mo Ams	(our	on. Was	cela.	UN DATE F	FR 1/	1 1966	Melionela	. 0	100
4	INNIN VOO			11100	7			1355		A Marie	1

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Middle Mark Common Street Andrews	
	O. W. Courter T. Midmond. N. D.
harte of soundary or troops	
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MARYLAND STATE DEPARTMENT OF HEARTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY					114000
	BALTIMORE	MARYLAND	a. STATE	(Where deceased lived, If institution b. COUNTY	ution: Residence before admission)
b. CITY OR TOW	N (if outside corporate Ilmits		c. CITY OR TOWN (If out	tside corporate limits, write	RURAL and give nearest town)
FORT HO	N (if outside corporate Ilmits and give nearest town) WARD	52 DAYS	WESTMINS		06-2
		t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
VETERAL	NS ADMINISTRATI	ON HOSPITAL	74 HOOK R	OAD	ON A FARM?
3. NAME DF DECEASED	First	Middle	Last 4	, DATE Month	Day Year
(Type or print)	JOHN	M.	PENCE	DEATH FEBRUAR	Y 10 19 66
5. SEX		WIED HEVER MINISTRATED	8. DATE OF BIRTH	lact hirthday)	UNDER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE	OWED DIVORCED	FEBRUARY 28,	1895 70 yrs.	onths Days Hours Min.
10a. USUAL OCCUPAT during most of worki	ION (Give kind of work done 1 ng life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER		FARM	TIMBERVILL	E, VIRGINIA	U.S.A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
CAS	SPER PENCE		MARY FRANCI	ES ANDRICK	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITYNO. 17.	INFORMANT	Address	
YES	WW I	220-14-2515 CL	IN. RECORDS, VA	A HOSPITAL, FT	HOWARD, MD.
18. CAUSE DF	DEATH [Enter only one cause				INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDIAC ARREST			30 MINUTES
4201	a h				
Cenditions, If	any, which) (b)	ARTERIOSCLEROTIC	HEART DISEASE	3	
	Immediate (
underlying caus					
PART II. OTHER S		TRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
2Da. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING 2 NG CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of In	Jury in Part I or Part II of I	tem 18.)
S 2Dc. TIME OF I	NJURY Month, Day, Year 2		CE OF INJURY (Home, farm,		(County) (State)
Hour a.m		While Not While at work	ory, street, office bldg., etc.)		
		tended the deceased from 1	1/29/65 19	to 2/10/66	. 19 that the (we) last
	ceased alive on 2/1	0/66 19 and tha			d on the date stated above.
22a. SIGNATUR	RE C	CO 121	ATTENDING ME		22b. DATE SIGNED
No.	Famen	et-lewalf M.	D. PHYS. MEI	ECTOR PHYS.	2/10/66
		AWALT, JR., M. D.	22d. ADDRESS VAH FOR	RT HOWARD, MAR	YLAND
22c. PHYSICIA NAME (Ty	pe) LAWRENCE F.				
NAME (Ty	ATION, 23b. DATE THEREON	F 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town	n or county) (State)
NAME (Ty 23a. BURIAL, CREM REMOVAL (Spe BURIAL	ATION, 23b. DATE THEREON 2/13/66	PLEASANT VAL			
NAME (Ty 23a, BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE THEREON 2/13/66		LEY CEMETERY	WESTMINSTRE M BY REGISTRAR 25b. REGI	
gave rise to cause (a), st underlying caus PARTII. OTHERS 2Da. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT BELL OF IT BELL	Immediate ating the last. IGNIFICANT CONDITIONS CON WAS UNDERLYING CAUSE OF DEATH OF CAUSE	TRIBUTING TO DEATH BUT NOT RELA Db. DESCRIBE HOW INJURY OCCU 200. INJURY OCCURRED 200. PLA	ATED TO THE TERMINAL DISE URRED. (Enter nature of In	EASE CONDITION GIVEN IN PAI Jury In Part I or Part II of I	PERFORMED? YES NO [tem 18.)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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death. Page 4 may be retained by the hospital or attending physician.

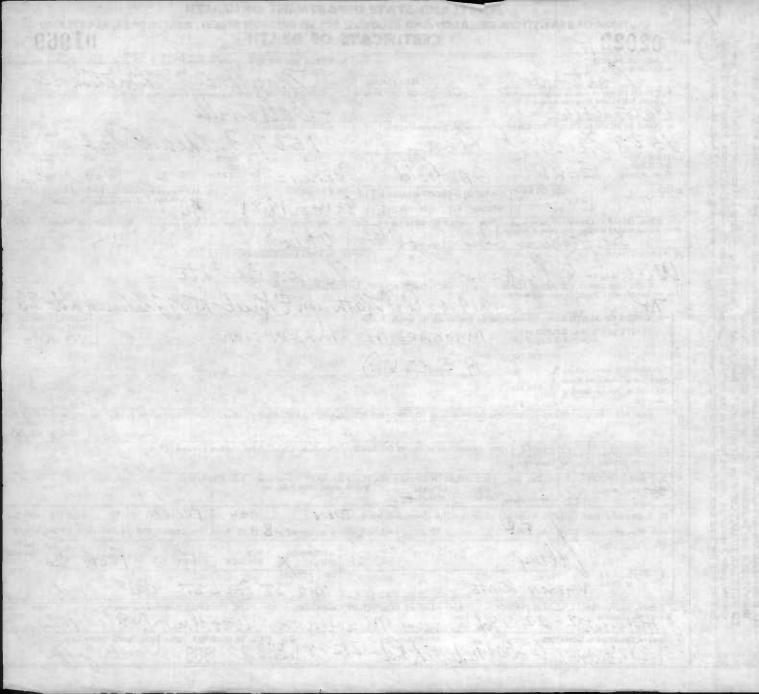
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after The law requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02022 CERTIFICATE OF DEATH

	00000	0 0 0
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If Institution: Residence before edmission)
	Colleman MARYLAND	o. STATE Mauriand b. COUNTY Thereone
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
	(atonsville	Instrumelle 00-1
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS
0	1507 Freduck Koad	1507 Frederick Joak VES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) LARI GARTICIO	PCRKINS DEATH 2 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years FUNDER 1 YEAR Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if religadi Insurance Co.	Ohio
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William 6. Terking	Nances Beckett
3		INFORMANT Address
	(Yas, no, or unkown) (If yas give war or dates of service)	the un P Kail - 1507 Ludwick Rd - 28
Н	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1/10/1	INFARCTION 10 mins.
=	Conditions, if any, which \ (b) A. S. C. V.	· · · · · · · · · · · · · · · · · · ·
	Conditions, if any, which gave rise to immediate cause	
	(a), stelling the underlying DUE TO	
	causa last. (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	CAT	YES NO X
	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION CONTRIBUTION CAUSE OF DEATH OF THE CONTRIBUTION C	D. (Entar nature of injury in Pert I or Part II of itam 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
		ory, straat, offica bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from.	JULY 1964 to PRESENT 19 that (1) (we) last
	saw the deceased alive on Fee 19 and that	death occurred at 8. A.M. from the causes and on the date stated above.
	220. SIGNATURE	22b. DATE
		.D. ATTENDING MED. STAFF PHYS. February 1966 SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	NAME (Type) WATSON KIME	1010 ST PAUL ST. BALT. Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Shate)
1	Entombrent - 22 1966 horraine Mai	isoleum Woodlaun-Dalts Co-Ma
()	24 FUNERAL DIRECTOR'S SIGNATURE DALL ADDRESS O	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	E. S. Mac Malt - 30 Trederick Fill -	120 DATE B 23 1968 Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Page

PM3

Give Pages

pencil in Item 18.

necessary, please execute the certificate,

MEDICAL EXAMINER:

4 shauld

VR A15ME (5)

This certificate shauld be executed within 24 haurs after death.

delay

of death. Department hours ate 5 = event pages in any pup permit. remayal burial-transit OF cremation, 0 00 burial, used 0 pe prior 3 shauld

farm with Office ward "pending" in pencil in the Chief Medical Examiner's icate, writing the ward be farwarded to the Ch designated agent, p the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page Health ar

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Balto. MARYLAND b.-CITY OR TOWN (if autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Randallstown hr. Baltimore 7 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Baltimore Co. General Hospital Rices Lane YES NO X 3 NAME OF First Middle Last DATE Manth Day DECEASED Patrick Joseph Perry Feb. 26 19 66 (Type ar print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) July 27, 1949 Haurs Male White DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking fife, even if retired)
Student COUNTRY? INDUSTRY Balto. Co., Md. school 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Perry Thelma Whalen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates af service 17. INFORMANT 16 SOCIAL SECURITY NO. Mr. Joseph Perry, Rices Lane, Balto. 7, Md. none 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Fractures of lower jaw; Fracture base of skull; ONSET AND DEATH IMMEDIATE CAUSE (a) Compound fract. lower 1/3 of Rt. Femur; Compound fract. w/ avulsion of rt. thumb. Canditians, if any, which gave rise la immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20a. EXTERNAL CAUSE WAS PRIMARY A gr CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) Car ran off rd., struck pole & then fire hydrant. CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur 2020. Dogwood Rd. While p.m. Feb. 26 1966 at wark at wark Balto. 7 Balto. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry x, and in my opinian deoth resulted fram: Natural causes Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-28-66 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** D. D. Caples, M. D. 6 Hanover Rods sucked strengthen, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) March 2, 1966 Loudon Park Cemetery Baltimore, Maryland

macost-4600 Liberty Hghts . Ave .

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1. P. Dieley, J. D. C. Blanconi S. Lister et Level, vd. C.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defined.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Z. I. Z. S.	-	OI DEATH				Colle of	6 1
1.	PLACE OF DEATH	11	2. USUAL RESIDENCE	E (Where de			esidence before a	dm(ssion)
	a. CDUNTY Baltimore MARYIAND		a. STATE Marylan		b. COUN	ITY 7	0/1	
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1		c. CITY DR TOWN (If		rnorata limits, wr	ita RURAL	and give neare	st town)
	write RURAL and give nearest town)			og talde co	iporete ililita, mi	Ito Konne	and Bito nodio	01 101111,
	Towson		Towson			-	33-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss)	d. STREET ADDRESS				e. IS RES	FARM?
	St. Joseph's Hospital		1429 Je	ffers	Rd.		YES 🗌	NO 🔼
3.	NAME DF First Middle DECEASED		Last	4. DATE	Month	1	Day Ye	ar
	(Type or print) Audrev D.	P	hilipp	DEAT	H February	V	26, 19	66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8.	DATE OF BIRTH	9	. AGE (In years	IF UNDER		
	Female White WIDOWED DIVORCED	J.	une 10, 191	6	last birthday)	Months	Days Hours	Min.
108	B. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR		11. BIRTHPLACE (Con	-) 12. CI	TIZEN OF WHA	T
du	(lng most of working life, even if retired) INDUSTRY U.S. Post Office		Manuel and				U.S. A.	
12	Lerk U.S. Post Uffice		Maryland 14. MOTHER'S MAID!				U.S. A.	
10	TATHER S HAWLE		0 1 6					
	Raymond (ollier		Sarah 9	aunt				
	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 1 es, no, or unkown) (If yes give war or dates of service)	7. 11	NFDRMANT		Addres	SS		
	No None 217-01-1630	Fai	mily Record	10				
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			***			INTERVAL BE	
	PART I. DEATH WAS CAUSED BY:	M	adamaaamai	10 0 m 0	-f 7-f+		ONSET AND	DEATH
	PART I. DEATH WAS CAUSED BY: Carcinomatosis fr	COU	adenocarci	поша	or Terr			
	West breast							
	Conditions, if any, which (b)							
	cause (a), stating the DUE TD						13.4	
	underlying cause last. (c)							
NO.	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT R	ELATI	ED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN	PART 1(a)	19. WAS A	UTOPSY
CAT							YES TO	NO 🗍
E	2Da. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF	CCURI	RED. (Enter nature of	Injury in F	Part I or Part II o	f item 18.	late of the same o	
CERTIFICATION	DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
1	<u>`</u>	DI ACT	E OF INJURY (Home, far	m 204	(City or town)	(Cou	ntu\ (State)
MEDICAL	Hour a.m. While Not While	ctory	, street, office bidg., et	(c.)	(City of town)	(000	iity)	State)
ME	p.m. 19 at work at work						529	
	21. I certify that (I) (this hospital) attended the deceased from	Teb	. 15 . 19	66 to	Feb. 26	_, 19.6	6_, that (I) (we) last
	saw the deceased alive on Feb. 26 19 66, and t	hat o	death occurred at	054M. fr	rom the causes	and on th	he date state	d above.
15	22a. SIGNATURE						ATE SIGNED	
1	(P) alomon 2 (1) ali	M.D.		MED.	STAFF PHYS.	Feb.	26, 190	56
-	22c. PHYSICIAN'S	111,01	22d. ADDRESS	INLOTON			,/	
	NAME (Type) William Wilkie, M.D.		7620 Y	lork F	load, 212	04		
238	a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMET	FRY	OR CREMATORY	l 23d. L	OCATION (City, to	own or cou	inty) (S	tate)
	DEMOVAL (Specify)				C 1	. 11	MJ	
24	Burial Mars 1, 1966 Unlaney Vall	cey.	Memorial 9	VD BY REC	CREUSVA		S SIGNATURE	
24			MAR	D BY REG	1968 230.42	liane	en Judge	2
	John Burns Sons, Towson, Maruland		DATE	~			00	

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	MARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
02025	CERTIFICATE	OF DEATH		01972

0404		OLICITI IOATI	L OI DEAII		11.	1016
1. PLACE OF DEAT a. COUNTY	TH Baltimore	MARYLAND	a. STATE	CE (Where deceased lived, If i b. COI		dence before admission)
write RURA	WN (if outside corporate limit L and give nearest town)	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, v	vrite RURAL and	d give nearest town)
Catons		3yr3mth17dys	Baltim	ore	3	0-1
		ot in hospital, give street address) HOSPITAL	d. STREET ADDRESS 3602 Rei	sterstown Roa	d	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle C •	Last Plank	4. DATE Mor	ruary	Day Year 1 19 66
5. SEX			B. DATE OF BIRTH	10 105 (1-100)	s LIF UNDER 1 Y	EAR IF UNDER 24 HRS
female	white win	THE TENENT THE PARTY OF THE PAR	Nov. 9, 188	Land filedfielder	Months Da	ys Hours Min.
during most of wor	king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	ounty & State, or foreign count	U. S	ZEN OF WHAT NTRY?
13. FATHER'S NAT	ME		14. MOTHER'S MAIL	DEN NAME		
Andrew	Spies		Catherin	ne Yeakel		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service	2615-10-7118 17.	INFORMANT	Addr	ess	
Lunknown	(11 yes give war or pates or service		cords: SPR	ING GROVE S'	TATE HO	OSPITAL.
	DEATH [Enter only one cause	e per line for (a), (b), and (c).1	coras. or ic	LING CHOVE D.	11	NTERVAL BETWEEN
	EATH WAS CAUSED BY:	Pneumonia				ONSET AND DEATH
1150	IMMEDIATE CAUSE (a)	FIGUROILA				
Cenditions, If	any which \	Dehydation and m	alnutrition			
gave rise to	Immediate (
cause (a), s	an took	Generalized arter	ringclarogi	e gavere		
		NTRIBUTING TO DEATH BUT NOT RELA			N PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f Injury in Part I or Part II	of Item 18.)	
Hour a.		20d. INJURY OCCURRED 20e. PLAC factor at work at work	CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f. (City or town)	(County	(State)
	Ify that # (this hospital) a	ettended the deceased from	Oct. 14, 1	M, from the cause		, that (we) last
22a. SIGNATU		/	ATTENDING -	MED. STAFF PHYS.	22b. DATE	SIGNED
22c. PHYSICI NAME (1	AN'S Stella	Wachsler, M. D.	22d. ADDRESS	SPRING GROVE Baltimore, Mar	STATE cyland 2	HOSPITAL
23a. BURIAL, CREI	MATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY		23d. LOCATION (City,		
Buria	2/5/66	Holy Redee	emer Cem.	Balto.		
24. FUNERAL DIR	ECTOR	ADDRESS	25a. RE		REGISTRAR'S S	SIGNATURE
Mitchel	l-Wiedefeld	Home-6500 York	Bd. 12 MIFE	B 8 1966	1 anles	Judge

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Strike Wheness ALC: NO PERSON AND ADDRESS.

Department after death TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. with the State pages in any a burial-transit permit. File, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be used as a of Health or its designated agent, prior to burial,

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 1973

4/1		7	. I/m . Til		101	Chh 700					
	1.	a. COUNTY BALTIMORE MARYLAND			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND b. COUNTYBALTIMORE						
	I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE HIGHLANDS				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE HIGHLANDS					
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS				SIDENCE FARM?	
2		2606 VIRGINIA AVE	NUE 2	1227		2606 VIRGI	NIA AVENUE	21227	YES 🗌	NOX	
	3.	NAME OF Fire DECEASED (Type or print) MARY		Middle ANN		PREUHS	4. DATE Mon	1	1 19	ear 66	
	5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	last birthday	Months I	Davs Hours		
		FEMALE WHITE	WIDOWED		F	EB. 🖁 6, 19	903 63 yrs.				
	10a. duri	USUAL OCCUPATION (Give kind of work d ing most of working life, even if retired HOUSEWIFE	one 10b. K	IND OF BUSINESS OR NDUSTRY		MARYL		12. 01	TIZEN OF WHA UNTESA		
	13.	FATHER'S NAME				14. MOTHER'S MAID					
3		MICHAEL PRIVARA				ANNA					
		WAS DECEASED EVER IN U.S. ARMED FOR s, no, or unkown) (If yes give war or dates of	service)	social security No. 20-09-0813	17.	INFORMANT	2606 VI		AVE		
		NO	KGTMTE	AVE.							
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BET ONSET AND I ONSET AND I									
		HART I. DEATH WAS CAUSED BY: 11422 Due to Cerebral Accident									
1		gave rise to immediate /	(b)								
		cause (a), stating the DUE	Menera!	clerotic ,C	ardid vascula	r Disea	ase				
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									119. WAS A	UTOPSY	
1	ICATIO			11150	YES	NO NO					
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. I				injury in Part I or Part II)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19	rear 20d. I While at work	Not While	e. PLA facto	CE OF INJURY (Home, fa ry, street, office bidg., e	rm, 20f. (City or town)	(Cou	nty)	(State)	
		21. I certify that I took charge	of the rem	nains described abov	e, hel	d an Autopsy 🔲 ,	Inspection / Inc	quiry 🍱,	and in my	opinion	
		death resulted from: Natural	causes #	, Accident .	Sui	cide, Homicio	de 🔲, Undetermine	d manner			
		11/1	1 1	10 //		CHIEF MEDICAL	L EXAMINER				
		SIGNATURE	mi	reffer			DICAL EXAMINER	,,	22. DATE	SIGNED	
1		EXAMINER'S CEORGE		0/			AL EXAMINER XXI-11				
		NAME (Type) GEORGE		KIEFFER	IFTERN		t, city, town, or county)			VEX_	
	23a	BURIAL, CREMATION, 23b. DATE T REMOVAL (Specify)		LOUDON PA			BALTO., M		, (·	statoj	
	24	BURIAL 2/14/	56	ADDRESS	MIX C	25a. RE	C'D BY REGISTRAR 25b.		S SIGNATURE		
						DAFEE	3 1 6 1956 &	Charle	2. Ouda	,	
	H	UBBARD FUNERAL HOME	4107	WILKENS AV	E	21779 DATE L	10 1000	70	The state of		

VR A15ME 3500 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after Baltimore MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY, IN 1b ve carbon papers. Pag event, within 72 hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS Wilson State Hospital Mount 0 executed within completely 3. OATE Month NAME OF Middle Last DECEASED OF 14000 DEATH (Type or print) 5. SEX 6. COLOR OR OATE OF AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. BIRTH ove last birthday) in any WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR HPLACE (County & State, or foreign country) INDUSTRY during most of working life, even if retired) lease physi D 70 PHYSICIAN: The law requires that the death certificate 0 FATHER'S NAME removal, MOTHER'S MAJOEN NAME attendii 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no. for aunkown) | (If yes nive war or dates of service) s been signed by the atters the burial-transit permit or to burial, cremation, or Records, Mt. Wilson State Hosp. Hospital CAUSE OF DEATH [Enter only one cause per line for (a), (b), DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate OUE TO stating as th underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OBATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept. of MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not Whlie ATTENDING be retained by at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from 66. and that death occurred at 4: saw the deceased alive on. **GIGNATURE** page . ATTENOING STAFF OIRECTOR Page 4 may 1 M.O. PHYS. 22d. AOORESS PHYSICIAN'S NAME (Type) Superintendent Mount Wilson, Wm. Newcomer BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY CREMATION EC'O BY REGISTRAR 124. FUNERAL DIRECTOR ADORESS

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

(State) 20f. (City or town) (County) 3.01, from the causes and on the date stated above. 22b. OATE SIGNED Maryland LOCATION (City, town or county) (State) REGISTRAR'S SIGNATURE 25b. DATE

e. IS RESIDENCE

ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND OFATH

WAS AUTOPSY

PERFORMEO?

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12. CITIZEN OF WHAT

COUNTRY?

Months

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	11606			CERTIFIC	MII	OF DEATI				(J.L.	0 (1)	
1.	PLACE OF DEATI	Н				2. USUAL RESIDEN	ICE (Where dece			esidence	before adi	mission)
	a. COUNTY	Baltimore		MARYLA	NO	a. STATE	arvland	b. COUN	ITY Pri	nce	Geor	rge
	b. CITY OR TOW	N (if outside corpora and give nearest to	ate limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (I		orate Ilmits, wr	ite RURAL	and giv	nearest	t town)
		tonsville	WII)	lyrlimth9dys	3	Forest	Heights	, Maryla	and /	6-	2	
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not In h	ospital, give street add	ress)	d. STREET AOORESS	3			0.	IS RESI	
	SPRING	GROVE ST	ATE HO	SPITAL		204 One	ida Way	- S. E.	•	Y	ON A F	NO
3.	NAME OF DECEASEO	Manager F	irst	Middle		Last	4. DATE	Month		Day	Yea	
	(Type or print)	Sue				aines	DEATH	Februa		L	19	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	3	. OATE OF BIRTH	9.	AGE (In years)	Months !	Oavs	F UNDER Hours	24 HRS
	emale	white	WIOOWEO	OIVORCED [April 18,	1879	86s.	MOURIS	Vays	Hours	IVI III.
10a	IN USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	(done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (County & State,	or foreign country) 12. CI	TIZEN C	F WHAT	
	housewi	fe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Iow	a			U.	S.	
13.	FATHER'S NAM	E			57.1	14. MOTHER'S MAI	OEN NAME			40		
	Visition in	Beeson				100		Jo	sephi	ne M	lorga	n
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITYNO.	17.	INFORMANT		Addres				
	known	(11) co give was or quees		known	R	cords: SP	RING G	ROVE S	TATE	HOS	PITA	L
		DEATH [Enter only or		ine for (a), (b), and (c).]							VAL BET	WEEN
	PART I. OF	EATH WAS CAUSED BY		monary embo	11:	right lowe	r lobe			ONSE	T AND D	PEATH
	466	OUE	()	.morpar J unious								-
	Conditions, If	1		ombosis of	lef	t iliac vei	n					
	gave rise to	\ 0111		Unicopy of								
	cause (a), stating the OUE TO underlying cause last. (c)											
0	PART II. OTHER S	SIGNIFICANT CONOITI		UTING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(a)	19.	WAS AU	TOPSY
CAT		Comminut	ed, int	ertrochante	ric	fracture;	left fe	mur		YES	PERFORM	NO L
CERTIFICATION	20a. ACCIDENT	WAS TINDERLYING	1 20b	OESCRIBE HOW INJURY					f Item 18.	1		
CER	OR CONTRIBUTI	ING CAUSE OF OF	ATH INER)									
		INJURY Month, Day,		NJURY OCCURRED 20e	. PLAC	E OF INJURY (Home, 1	farm, 20f. ((City or town)	(Cou	nty)	(S	tate)
MEDICAL	Hour a.r	n.	While	Not While	factor	y, street, officebldg.,	etc.)					
Σ	p.i		1			Sept. 22	19.64 to	Feb.	1 106	5 11.	A (1) (10)	M Look
-		y that (1) (this nos	Feb. 1	ed the deceased from 19.66, and	11	- 2	200	m the causes			et (I) (W	
	22a. SIGNATUI		1.60	19_ QQ_ , and	I that	death occurred at	a.	ii the causes	1 22b. D/			anove
	2200	Stella	. War	bsler	M.O.	ATTENDING PHYS.	MEO. DIRECTOR	STAFF PHYS.		1-66		
	22c. PHYSICIA NAME (T)		Wachsl	er. M. D.		22d. ADDRESS	SPRING	GROVE	STAT		OSPI	TAL
				-				re, Mar				
23a	REMOVAL (Spo	recify) Feb.	THEREOF 3-1966	Fort Lincol				eation (city, to			(Stande	ate)
24	FUNERAL OIRE		11	(ADDRESS)-	King	SE PA SEDA: RI	EC'O BY REGIS	TRAR 25b. R	EGISTRAR'	S SIGNA	TURE	
8	Simm	ons Bro	2 41/m	shall 2	00	20 DATE	EB 7	1956 /	Elian	En !	Judg	it.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prisician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() 1976 02029

					- Labor	2			
1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)									
Baltimore		MARYLAND	a STATE b COUNTY						
	Maryland Baltimore								
b. CITY OR TOWN (If outside corpor write RURAL and give nearest to	c. CITY OR TOWN (II	foutside corporate limits,	write RURAL	and give nearest town)					
Catonsville					nd	1.2-1			
d. NAME OF HOSPITAL OR INSTITUT	ION (if not in hospital.	give street address	d. STREET ADDRESS	rkton, Maryla	LA ECA	e. IS RESIDENCE			
SPRING GROVE STATE	HOSPITAL	Bito ou cot addicot	, d. OTKEET ADDRESS			ON A FARM?			
				Foreston Ros	d	YES NO			
3. NAME OF DECEASED	First	Middle	Last		onth	Day Year			
(Time an anti-1)	Marie	Ra	mho	OF DEATH Web	miame 1	19 66			
5. SEX 6. COLOR OR RAC	5. SEX 6. COLOR OR RACE 17 MADDIST MODIST 8 DATE OF RIRTH 19 ACE (In wars life induced by Alberta 19 ACE (In wars life								
				last birthda	Months	Days Hours Min.			
female white	WIDOWED T	DIVORCED	Sept. 20, 1	091 /4 yrs					
10a. USUAL OCCUPATION (Give kind of worduring most of working life, even if reti	rkdone 10b. KIND OF red) INDUSTR	BUSINESS OR	11. BIRTHPLACE (C	county & State, or foreign cou		TIZEN OF WHAT			
housewife	(d)		Georgia		11.0	S.			
13. FATHER'S NAME			1 14. MOTHER'S MAIL	DEN NAME	0.	0.			
H. L. McDonald				enda Bowen					
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give war or date	ORCES? 16. SOCIAL	SECURITYNO. 17	. INFORMANT	Add	dress				
unknown	unkno	own R	ecords: SPRI	NG GROVE ST	ATE HO	OSPITAL			
18. CAUSE OF DEATH [Enter only of						I INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED I						ONSET AND DEATH			
IMMEDIATE CAUSE		closclerot	ic heart dis	ea a e					
4200 nu	E TO								
Conditions, If any, which	Gonor	ralized ar	terioscleros	is severe					
gave rise to Immediate	(-/	. C.L. C. C.	001100010100	m, 001010					
cause (a), stating the DU	E TO								
underlying cause last.	(c)								
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	O DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY			
TAS .						PERFORMED?			
200 ACCUPENT WAS UNDERLYING	T LOOK Property	DE HOW MINION OF				YES NO			
PART II. OTHER SIGNIFICANT CONDITED TO THE CONTRIBUTING CAUSE OF DE CONTRIBUTION CAUSE OF CAU	ATH 20b. DESCRIE	BE HOW INJURY OCC	CURRED. (Enter nature o	f Injury In Part I or Part I	of Item 18.))			
	INER)								
20c. TIME OF INJURY Month, Day Hour a.m. p.m.	, Year 20d. INJURY		ACE OF INJURY (Home, fa	arm, 20f. (City or town	(Cour	nty) (State)			
Hour a.m.	While - No	t While fac	tory, street, office bldg., e	etc.)					
p.m. 1		t work							
21. I certify that (ht (this hospital) attended the deceased from Aug. 28 1965 to Feb. 4, 1966, that #) (we) la									
saw the deceased alive on	Feb. l	19 66, and th	at death occurred at			ne date stated above.			
22a. SIGNATURE									
Company As a state of the Attending Med. STAFF DISTAFF									
22c. PHYSICIAN'S	· c cc ccc	W M		DIRECTOR PHYS.					
BIAME (Tuno)	TIME (F)								
Stella Wachsler, M. D. Baltimore, Maryland 21228									
23a. BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
REMOVAL (Specify) 2/4/66 Southern men Ph Cont mian; Fl									
24. FUNERAL DIRECTOR ADDRESS A 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
1.7.	0 1	30160.)	ne.		Melian				
W/m/ VIshner	in some ?	maken	NOR DATE	EB 4 1966	100	res Judge			

VR A15 (4) 20M I/65

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TO FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be faste bept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

BETTER BUSINESS FORMS, INC., BALTIMORE, MD. 21201 MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON 02030 CERTIFICATE OF DEATH

-							100			
1.	PLACE DF DEATH a. COUNTY	BALTIMORE		MARYLAND	a CTATE	CE (Where deceased lived, If inst b. COUNT		idence before admission)		
	b. CITY DR TOWN	N (if outside corporate lin	nits, c. LENG	TH DF STAY IN 1b	c. CITY DR TDWN (If	outside corporate limits, writ	te RURAL er	nd give nearest town)		
	FORT H	and give nearest town)	3	DAYS	BALTI	MORE	2	20-4		
		PITAL DR INSTITUTION (IF						e. IS RESIDENCE		
		S ADMINISTRAT	ION HOSPI	TAL	2202 KEN	TUCKY AVENUE		ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	First JOHN		Middle L.	RASCH	4. DATE Month OF FEBRUA	RY 1	Day Year 5 19 66		
5.	SEX	6. COLOR OR RACE 7. N	ARRIED NEVE	R MARRIED	8. DATE OF BIRTH	9. AGE (In years I	FUNDER 1	YEAR IF UNDER 24 HRS.		
	MALE	WHITE W	IDOWED [DIVORCED	MAY 19, 1889	9 76 birthday) 7	Months D	ays Hours Min.		
108	. USUAL OCCUPATI	ION (Give kind of work done ng life, even if retired)	10b. KIND OF BU	ISINESS OR	11. BIRT HPLACE (CO	ounty & State, or foreign country)	12. CITI	IZEN OF WHAT		
	REALTOR	ng me, even it retited)	REAL EST	ATE	BALTIMOR	E, MARYLAND		S.A.		
13.	. FATHER'S NAME				14. MOTHER'S MAID					
- 1	JOHN T.	RASCH			MARGARET	TTZEL				
15	. WAS DECEASED E	VER IN U.S. ARMED FORCES	? 16. SOCIALSI	CURITYNO. 17.	INFORMANT	Address	5			
(11	YES	(If yes give war or dates of servi	215-07-0	655 CL	IN.RECORDS,	VA HOSPITAL, FI	AWOH !	RD, MD.		
	18. CAUSE OF D	EATH [Enter only one cau	se per line for (a)	, (b), and (c).]				INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION ONSET AND DEATH									
1	4 20 1 DUE TO									
	conditions, if any, which) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE									
	gave rise to immediate (
	cause (a), stating the DUE TD underlying cause last. (c)									
NOI	PART II. OTHERS		DNTRIBUTING TO D	EATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN P	ART 1(a)	19. WAS AUTDPSY		
ICAT								PERFORMED?		
CERTIFICATION	20a. ACCIDENT NOR CONTRIBUTION	WAS UNDERLYING THE NAME OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of	item 18.)			
		NJURY Month, Day, Year	20d. INJURY OC	OURDED LOOP DI	AGE OF INHIPVOICES &	1 000 (01)		(21-1-)		
MEDICAL	Hour e.m		While Not	fact	ACE OF INJURY (Home, fa ory, street, office bidg., e		(County	ty) (State)		
ME	p.m	. 19	et work at w							
	21. I certify	that (Ex(this hospital)	100	ocasca II bill	2/12/66 , 19	to 2/15/66	, 19	_, that the (we) last		
		ويرور بالمستقل المستقل المستقل	196619), and tha	t death occurred at4	:45MM rom the causes a				
	22a. SIGNATUR	com B,	11:00	100.	ATTENDING -	MED. STAFF	225. DAT			
	00		1-07	М.	D. PHYS.	DIRECTOR PHYS.	2/	15/66		
	22c. PHYSICIAN NAME (Typ	WILLIAM B.	KINGREE	M. D.	VAH FOR	T HOWARD, MARYI	AND			
23a			OF 23c. N	AME DF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tow		ty) (State)		
	BURIAL (Spec	2/18/6	(LITIMORE :		BALTIMORE, N				
24	. FUNERAL DIREC	TOR	TENA	DRESS PLICE	THE PA + 254 REC			SIGNATURE		
						FEB 16 1966	ocho	ween Judge		
			5400	HARFORD	KUAD, BATALIM	ORED MD 11900	-//			

15 (4) VR A15

CHARTEN EDUCATE SOES AND ALASTESON ADTEMPRICATION ACCURATE

REVISOR STATE SERVER STATE STATEMENT, ACTUALDED

TEST WELL SUB-CY-SOFF ONE HENCHUR, VA HOBELHALL, MY HORARI, HD.

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00/51/2 -6 VILLY H. YARONES, M. U. WAR PORT HOWING, LANDER

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. executed within 24 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OPPOS

	OHIT I IOATE	L OI DEATH							
1. PLACE DF DEATH a. COUNTY		- OTATE	h collais	itution: Residence before admission)					
Baltimore	MARYLAND	e. SIAIE Mary		Howard					
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	lde corporate limits, writ	e RURAL and give nearest town)					
Catonsville	lyr3mth20dys	Elkridge		12-2					
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
SPRING GROVE STATE HOSP	TTAT.	Box 298		ON A FARM?					
	1		D 170	YES NO NO					
3. NAME DF DECEASED (Type or print) And rew	M. Raw	vlings 4.	DATE Month DF DEATH Feb. 2	Day Year					
5. SEX 6. COLOR DR RACE SED	NEVER MARRIED 8	B. DATE OF BIRTH		FUNDER 1 YEAR IFUNDER 24 HRS.					
male Negro WIDOWED		June 28, 1913	52 yrs.	Months Days Hours Min.					
1Da. USUAL OCCUPATION (Give kind of work done 10b. R	KIND OF BUSINESS OR	11. BIRTHPLACE (County	71.01	12. CITIZEN OF WHAT					
during most of working life, even if retired)	INDUSTRY	Wa melland		COUNTRY?					
unknown 13. FATHER'S NAME		Haryland 14. MOTHER'S MAIDEN	IA MC	U. S.					
D // .		14. MUTHER'S MAIDEN	AIVIE						
Marshall / Owlen	90	Emma The	empean						
		INFDRMANT	Address						
unknown 2	16-07-9161 Re	cords: SPRIN	G GROVE ST	ATE HOSPITAL					
18. CAUSE DF DEATH [Enter only one cause per			0.0012	I INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	DUELLANI	h		-ONSET AND DEATH					
IMMEDIATE CAUSE (a)	1 " DO TONIA	y		DH45					
493 X DUE TO									
Conditions, if any, which gave rise to immediate (b)									
cause (a), stating the DUE TO									
underlying cause last. (c)									
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY								
5 026X CNC Pubil	1/:1			PERFORMED? YES ND					
E 2Da. ACCIDENT WAS UNDERLYING 1 / 20b.	DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of Inlu	ry in Part I or Part II of						
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		intest (anter nature of mja		2017					
3 20c. TIME OF INJURY Month, Day, Year 20d. 1	INJURY OCCURRED 200. PLAC	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. 1 Hour a.m. While p.m. 19 at wor	Not while	y, street, omce blug., etc.)							
21. I certify that M (this hospital) attend		11-4,1960	7 to 2-29	19 66, that (I) (we Hast					
	7 / 1 / 1 / 1	death occurred at 3 A	M. from the causes a	nd on the date stated above.					
22a. SIGNATURE	/			22b. DATE SIGNED					
SeorgeKodon	M.D.	AXXXXXXXXXXXX	STAFF PHYS.	2-24-66					
NAME (Type) George Rodon,	M. D.	22d. ADDRESS SPR	21.0 0 100 123	STATE HOSPITAL					
			timore, Mary						
23a. BURIAL, CREMATIDN, 23b. DATE THEREOF	23c. MAME DF CEMETERY	OK CKEMATURT	3d. LOCATION (City, tov	vn or county) (State)					
Burial 2/2/166	St. Alex	uns/	Madam	reage Mr.					
297 FUNERAL DIRECTOR	ADDRESS	25a. REC'D B	Y REGISTRAR 25b. RE	GISTRAR'S SIGNATURE					
allenger S. Theller	w/72/1/1/1	Sylacopate AR 9	1968 80	carley Judge					

VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, COUNTY a. STATE b. COUNTY after ATTENDED NOOF MARYLANO TARY CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page oon papers. Pag within 72 hours hours Ξ USON filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? YES NO T completely i within 3. NAME OF First DATE Middle Last 4. Month Year DECEASED OF event, (Type or print) DEATH 190 10 executed and cor SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIEO 8. last birthday) | Months | Oays Hours any WIDOWEO OIVORCEO [lease re and in TOa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY COUNTRY? certificate removal, MOTHER'S MAIDEN NAME attending permit. Then EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address death or unkown) (If yes give war or dates of service) Keed 405 0 the INTERVAL BETWEEN ONSET AND DEATH been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) gave rise to immediate OUE TO cause (a), stating the prior underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate h detached for use te Dept. of Health for use Health PERFORMED? YES K NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After be ò ATTENDING at work at work p.m. P the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE OATE SIGNED page ATTENDING MEO. STAFF M.O. PHYS. DIRECTOR Page 4 may HOSPITAL TO FUNERAL PHYSICIAN'S director, p 22c/ 22d. AODRESS NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Balto .. view Memorial 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR I Funera VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. death 1. PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND aft b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b à ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) hours LURAL IE filled INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? OA NO X completely carbon NAME DE Middle DATE Year DECEASED OF DEATH (Type or print) 196 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove NEVER MARRIED last birthday) Months Days Hours and WIDOWED T DIVORCED 1Da. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY = M. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician please COUNTRY? removal, and 13. FATHER'S NAME attending ph EICH ERNES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. the attend t permit. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) burial-transit perm burial, cremation, MONKTON. KEICHERI CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN aw requires that the ONSET AND DEATH by 1. DEATH WAS CAUSED BY: or attending physician. been signed the burial-tran IMMEDIATE CAUSE (a) DUF TO Cenditions, if any, which (b) gave rise to immediate the DUF TO cause (a), stating the has be as the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. WAS AUTDPSY PERFORMED? for use Health use PHYSICIAN: The certificate YES ND this cerum detached for 2Da. ACCIDENT WAS LINDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bidg., etc.) should be Hour a.m. While Not While at work at work be retained 3 should with the 21. I certify that (I) (this hospital) attended the deceased from 1962 DIRECTOR: and that death occurred at 230 M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SIGNED 22b. page ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. may TO HOSPITAL TO FUNERAL PHYSICIÁN'S 22c. 22d. ADDRESS director, p NAME (Type) Page 4 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Goo RURIAL FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE VR A15 (4) 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
02039	MARYLAND STATE DEPARTMENT OF HEALTH ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	01981
DIAGE OF DEATH		

OLIVI	HIOMIL	OI DEATH		111111111111111111111111111111111111111					
1. PLACE OF DEATH 9. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE b. COUNTY							
BALTIMORE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF	MARYLAND B. COUNTY								
write RURAL and give nearest town)		c. CITY OR TOWN (If	outside corporate limits, write	RURAL end give nearest town)					
FORT HOWARD 63 DAY	S	BALTIMORE		30-4					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
VETERANS ADMINISTRATION HOSPITAL 3. NAME OF First Middle		3562 JUNEW		YES NO NO					
DECEASED (Type or print) ROLAND RUSS:		REYNOLDS	4. DATE Month OF DEATH FEBRUAR)	Day Year 22 19 66					
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA	RRIED 8.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.					
	ORCED MA	RCH 9, 191		nonths Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		11. BIRTHPLACE (Co BALTIMORE,	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME	1	14. MOTHER'S MAID	EN NAME						
HARRY REYNOLDS		LETTY BARL	AG						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes give war or dates of service)	TY NO. 17. IN	FORMANT	Address						
	25 CLIN	REC VET	ADM HOSP FT HO	WARD MARYLAND					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a	ind (c).]			INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIO	SQUAMO	US CELL CAL	RCINOMA TO LUMB	AR ONSET AND DEATH					
1962 DUE TO SPINE				8 MONTHS					
Conditions If any which \									
gave rise to Immediate ((U)									
underline cause les									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS									
CAT				PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURR	ED. (Enter nature of	Injury In Pert I or Part II of						
	D 1200 PLACE	OF INJURY (Home, far	m. 20f. (City or town)	(County) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a.m. p.m. 19 While Not While at work et work	factory,	street, office bldg., et	c.)	(County) (State)					
21. I certify that (h) (this hospital) attended the decease	ed from Dec	. 21	65 to Feb. 22	, 19 ⁶⁶ , that (*) (we) last					
saw the deceased alive on Feb. 22, 1966	, and that d	eath occurred at 2	P.M, from the causes ar	nd on the date stated above.					
22a. SIGNATURE		eath occurred at 5		225. DATE SIGNED					
AS Slore	M.D.	ATTENDING - N	RECTOR PHYS.	2 23 66					
PHYSICIAN'S NAME (Type) F. I. BIOISE, M. D.		22d. ADDRESS							
To It Dibibly He be		VET ADM H	OSP FT HOWARD	MARYLAND					
REMOVAL (Specify)	OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, tow	n or county) (State)					
	RE NATIO	NAL	BALTIMORE MA	RYLAND					
24. FUNERAL DIRECTOR Leonard Teonard	Ruck.	Inc. 25a. REC	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE					
Margaret L. Nuck 5305 Harf		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 1966 gold	arles Judge					
Baltimore				0 0					

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH EALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. STATE Maryland a. COUNTY b. COUNTY funeral may be Department after death CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b Towson /owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? any delay 2, and 3 to PM3. Page 212 Willow Avenue State 212 Willow Avenue NO X NAME OF Middle DATE Month Year DECEASED Walter Rice, Sr. DEATH tebruary 11,19669 (Type or print) AGE (In yeers | IFUNDER 1 YEAR EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) Months | Days Hours Sept. WIDOWED DIVDRCED 10a. USUAL OCCUPATION (Give kind of work done duging most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT West Virginia Pachinist pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Thomas Rice Louella File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Yes records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) DUE TD Conditions, If eny, which (b) geve rise to immediate DUE TO cause (e), stating the O underlying cause lest. used as to burial WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION ND F YES 3 should be agent, prior DESCRIBE HOW JNJURY QCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in real mouth and pulled Placed double barrel shot gun in mouth and pulled 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Et work CTOR: Page 1966 Home Towson and In my ppinion 21. I certify that book charge of the remains described above, held an Autopsy Inspection files. DIRECTOR: death resulted from: Natural causes Accident Suicide Homlcide Undetermined manner Page 4 s CHIEF MEDICAL EXAMINER FUNERAL DIREC ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MEI DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town of county) BURIAL, CREMATION, 23b. DATE THEREDF REMDVAL (Specify) of 0 Baltimore National VR AISME (5) 1/65

Items 20a-21 Film G3

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MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH

٠,		HZ4.55	OLK III IOAT	- OI DEVIII				
1	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admit	Ission)			
		a. county Baltimore	MADVI AND	a. Maryland b. county Baltimore				
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	MARYLANO c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t	town)			
			TTTO	White Marsh				
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS e. IS RESID	ENCE			
1		Box 16Ebenezer Rd.	, , , , , , , , , , , , , , , , , , , ,	ON A FAR	-			
	-				ם לכל ס			
			Middle anklin Richar	Last 4. DATE Month Peb 22, 1966 ₁₉				
1	5.		HEVER MARKIES A	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 2 Last birthday) Months Days Hours	4 HRS. Min.			
1		WXXXe White WIDOWED	OIVORCED	Sept 8, 1883 82 yrs. Months Days Hours	WHII.			
1	10a		IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	Gui	Farmer Sel	houstry Lf Employed	Balt Co. Md. U.S.A.				
	13.	FATHER'S NAME	1 - 0	14. MOTHER'S MAIOEN NAME				
		Wellis P Pichondson		Elizabeth Strong				
	15.	Wallis P. Richardson WAS DECEASED EVER INU.S. ARMED FORCES? 16.	SDCIAL SECURITYNO. 17.	INFORMANT Address				
	(Ye	s, no, or unkown) (If yes give war or dates of service)	3-54-1731 M	es Henry Fisher, White Marsh, Md.				
	_	18. CAUSE OF DEATH [Enter only one cause per li		I INTERVAL BETW	FEN			
			110 (a), (b), and (c).	ONSET AND DE				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CONDICE.	1 9 common sum	vu			
1		Conditions, If any, which	or indeland	the Conder Wassellar				
	4	gave rise to immediate	ou ouru	d'i	11			
		cause (a), stating the DUE TO underlying cause last.		aisease 10 yr				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	ED?			
7	FIG	20a. ACCIDENT WAS UNDERLYING ☐ 20b. [DESCRIBE HOW INHIPY OCCU	YES NO NO RRED. (Enter nature of injury in Part I or Part II of item 18.)	0 📗			
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part 1 of Part 11 of Rein 20.)				
	MEDICAL			CE OF INJURY (Home, farm, 20f. (City or town) (County) (Starry, street, office bidg., etc.)	ate)			
-	VED	Hour a.m. While at worl	Mot white	1, steet, unicounder, etc.)				
	-	21. I certify that (I) (this hospital) attend		M 1 1966 to Teb-22, 1966, that (1) (we) last			
		saw the deceased alive on Fell	22 1966, and that	death occurred at 11/45M, from the causes and on the date stated a	bove.			
		22a. SIGNATURE	1	22b. DATE SIGNED	/			
		MED. STAFF DIRECTOR PHYS. DIRECTOR DIRE						
		22c. PHYSICIAN'S NAME (Type) J. M. 13a	MADYANO	22d. ABORESS 6 MA				
	23a	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stat	(e)			
		REMOVAL (Specify)		Chase Manule nd				
	24	FUNEDAL DIDECTOR	ADDRESS	1 294 REC'D BY RECISTRAR 25h REGISTRAR'S SIGNATURE				
1	À	AL a lar	ring Funera]	Home FFR 28 10CC Milinal a Judge				
()	14	ADE	rdeen. Maryl	and DATE				

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

THE WORLD'S AND THE STATE OF STATE OF STATE The cost application of the cost The state of the s ę ' . and the sundang selection of the selecti pur reconstruction of the second of the seco Colonia de la company de mare, quate com es, William Tollege Control of the Contr title becale to whether the said feel the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR. After this certificate has been signed by the attending only Com and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Item 17 Film G 374 2/28 CERTIFICATE OF DEATH

7.	PLACE OF DEAT	Н				11	2. USUAL RESIDE	NCE (Whe	re decease			sidence b	sefore admission)
	a. CDUNTY	altim	ore		MARYLAN		a. STATE Marvl	L co		b. CDUM	ITY	-	/
7	b. CITY DR TDW write RURAL			e limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN	(If outside	corpor	ate limits, wr	ite RURAL	and give	nearest town)
	TOWS	on			The second second		Balti	more	3			30	-4
	d. NAME OF HD	SPITAL DR II	VSTITUTID	N (if not In I	nospital, give street addr	ess)	d. STREET ADDRES	SS				0.	IS RESIDENCE DN A FARM?
		Josepl	n's I	Hospi	tal		379 E	Evesh	am .	Ave.		YE	S NOT
3.	NAME OF DECEASED		Fir		Middle		Last	4. 0	ATE	Monti	h	Day	Year
	(Type or print)		Mary	vin	Edward		Ricks		EATH	Febr		13	19 66
5.	SEX	6. COLDR	DR RACE	7. MARRIED	NEVER MARRIED	3	. DATE DF BIRTH		9. A	GE (In years est birthday)	IF UNDER 1		Hours Min.
	M	W		WIDDWED	DIVORCED	A	ugust 31	.190	5 6	O yrs.	Months	Days	nours wim.
1Da	a. USUAL DCCUPA'	TIDN (Give kli	nd of work on	ione 10b.	(IND DF BUSINESS DR		11. BIRTHPLACE			foreign country) 12. CI	TIZEN DI UNTRY?	F WHAT
Se	elf-emp	loyed			ise Painter	r	Virgini	a			TT.		
13	. FATHER'S NAM	1E					14. MOTHER'S MA		ME				
	William	m .T. 1	Ricks	2				Co	ok				
15	. WAS DECEASED	EVER IN U.S.	ARMED FDI	RCES? 16.	SDCIAL SECURITYND.	17.	INFORMANT		OK_	Addre	SS		
(Y	es, no, or unkown) NO	(If yes give w	ar or dates of	service)	ום ספ זררם	35	- C > T	D.		1.			
=		OFATH (Fat		12.	12-07-1557	IVIT	s.Sara J	. K1	cks	(1)	Same)	INTERN	VAL BETWEEN
		EATH WAS C.			line for (a), (b), and (c).]	100	100	110	VC			DNSET	T AND DEATH
	1/ 5	IMMEDIA	E CAUSE	(a)	AKCIIV	M	A of L	-01	NY				Jear-
	163	1	DUE '	TD							0.50		
	Conditions, If			(b)									
	gave rise to cause (a), s		DUE	TD									
	underlying caus)	(c)									
0	PART II. DTHER	SIGNIFICANT	CONDITIO	NS CONTRIB	UTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINA	L DISEASE	CONDIT	IDN GIVEN IN	PART 1(a)	119.	WAS AUTDPSY PERFORMED?
ICAT				non	u							YES	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, ND	WAS UNDER	LYING	20b.	DESCRIBE HOW INJURY	DCCUF	RED. (Enter nature	of Injury	In Part	I or Part II o	f Item 18.)		
	(IF EITHER, ND	TIFY MEDICA	AL EXAMIN	動入	2								
CAL			nth Day, 1	A 1	0		E OF INJURY (Home, y, street, office bldg.		Df. (CIt	y or town)	(Cour	ity)	(State)
MEDICAL	Hour a.ı p.		119	White at wor	Not Wille	lactor	y, street, omcobiug.,	, 6(0.)					
-			thie hoen		led the deceased from	, 10	11/2	196-	to.	brug !	196	(a thai	t (I) (we) last
	saw the de	•		James	vry 19 1966, and	that	death recurred at	D LE B	A from	the causes	and on th	e date	stated ahove
	22a. SIGNATU		8 0	4	- Turger, and	that	death becomed at		n, Hom	the causes	1 22b. DA	TE SIGN	ED Stated above.
	5400000	H.	J-0	halo	and	M.D.	ATTENDING	MED. DIRECTI	прП	STAFF	July	15	2 66
	22c. PHYSICIA	AN'S		100	nai	M.U.	PHYS. ADDRESS	DIRECTI	DK [PHYS.	1 200	7	UB
	NAME (T		. A.	S. Cr	alfant			ork	Road	d			
238	BURIAL, CREN	MATIDN, 23t	DATE T	HEREDF	23c. NAME DF CEME	TERY	DR CREMATORY	23d	. LDCAT	TIDN (City, to	wn or cou	nty)	(State)
	Burial	2	/16/1	966	Prospect I	Hil	1 Cem.	П	OWS	on Be	1 to	Co.	. ма.
	. FUNERAL DIRI				ADDRESS		25a. R	REC'D BY	REGISTR	AR 25b. R	EGISTRAR'S		FURE
11	W.Jenki	lns čc	Sons		4905 York		ad DATE	CED	16	1966	Milas	les)	Judge
_				Be	Ito 12, Mc		I DATE	FED-	Th	LUUU /			

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuheral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		112015	8		CERTIFICAT	E OF DEATH	H		AT.	300	1
	1.	PLACE OF DEAT a. CDUNTY	H Baltimo	re	MARYLAND	2. USUAL RESIDEN a. STATE	CE (Where dece			nce before a	idmission)
		write RURA	VN (If outside corpora - and give nearest to OWSON	vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	Balti		e RURAL and	give neare	st town)
-6	6			C	hospital, give street address) ENTER	d. STREET ADDRESS	Harfo.	rd Rd.		e. IS RES	FARM?
	3	NAME DF DECEASED (Type or print)	_ JOH	irst N	WILLIAM	ROBEL	4. DATE DF DEATH	FEBRUA!	ry c	1 19	GG G
- 60	5.	MALE	6. COLOR DR RACE	WIDOWED	DIVORCED [8. DATE OF BIRTH 12/17/01	9.	AGE (In years I last birthday) 5 0 4yrs.	Months Day	s Hours	Min.
	1Da dur	Ing most of worl		ed)	KIND OF BUSINESS OR INDUSTRY Emetery	11. BIRTHPLACE (C	County & State, e	or foreign country)	12. CITIZI	EN DE WHA	ī
	13.	. FATHER'S NAM	William	Robe	1	14. MOTHER'S MAP	A -	aret Mu	eller		
	15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	ORCES? 16 of service)		INFORMANT s. Elizabe	eth M.	Robel	(SAME)
Ì		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA WITH ENDO- IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA WITH ENDO-									
		Conditions, If	DUE	TO		EEDING.					
		gave rise to cause (a), s underlying cau	tating the DUE	TD							
0	CERTIFICATION	2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE DE DEATHER MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY DCCI	JRRED. (Enter nature o	f injury in Par	t I or Part II of			
	MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. While	Not While facto	CE DF INJURY (Home, f ory, street, office bldg., e	arm, 2Df. (Cetc.)	City or town)	(County)	((State)
			fy that (I) (this hos ceased alive on	pital) attend	ded the deceased from and tha	,	9 66, to	n the causes a		that (I) (
			scar teru	andie	ú M.C	ATTENDING D	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED	
1		22c. PHYSICI NAME (T		FER	NANDINI	22d. ADDRESS Treater	Balto.	Med.	center	•	
	23a	Burial Burial	ecify) 2/14/	166.	Holy Redeem	er Cemete	ry		ore,	Md.	tate)
00	L 6	eonard	0 0 1 1	Inc. B	alto. Md. 21	214 DATE	B 1 I	966 PE	Carles	Judg	e

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Manager C. Carel Four states that 2004 Carel Land Comment

11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. A Address 5611 WASHINGTON GROVE INTERVAL BETWEEN ONSET AND DEATH PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? ND 3 YES I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20f. (City or town) (County) (State) Feb. 66 that 4) (we) last _M, from the causes and on the date stated above. 22b. DATE SIGNED 2-18-66 PHYS. GROVE LOCATION (City, town or county) (State) MARYLAND 25b. RECISTRAR'S SIGNATURE HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229

MARYLAND STATE DEPARTMENT OF HEALTH

b. countyBaltimore

e. IS RESIDENCE ON A FARM?

19 66

Day

18

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VR A15 (4) 20M 1/65

Cate Control of Contro OIL VOIDERS AND STANDS STEELEN LANGE WIFE ougsilb frank objections : it a see all our the THE STATE OF THE S Official and the second MULTIPLE - DE GROUNDES VERTENSO LA TOURIES SO AND DE CONTESTE DE LA TRESTANDA DE CONTESTE and who mentioned the property and the property and the property of the property of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please embon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0=000
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Owings Mills 14 yrs.	Silver Spring 15-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE
Rosewood State H@spital	Route 1 ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Patricia Louise	ROBEY DEATH 2 22 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	1. 4.1.4.1.1.1
Female White WIDOWED DIVORCED	9-27-49 last dirthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
<u>Dependent</u> none	Olney, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl Millard Robey	Ella Dorothy Burris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) none F	Rosewood Records, Owings Mills, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sumoma, or log.
49/X NETO 9. 1	0/1//
Conditions, If any, which (b) Culply Sour	. aufure and
gave rise to immediate cause (a), stating the	De Danter
underlying cause last. (c)	Ano ofther
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 Julionous inter julys o. C.	Vi lary 0021 YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)
G (IF ETHER, NOTIFY MEDICAL EXAMINER)	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTITION OF CONTRIBUTING TO COURT OF CONTRIBUTING TO COURT OF CONTRIBUTING TO COURT OF C	E OF INJURY (Home, farm, y, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (If (this hospital) attended the deceased from	6/27 , 1951 , to 2/22 , 1966 , that (P:(we) last
saw the degreesed alive on 2/22 19 66, and that	death occurred at 11:300, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
I darry G. Buller M.D.	ATTENDING MED. STAFF 23 Fal 66
22e. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Harry G. Butler, M.D.	Rosewood Lane, Owings Mills, Maryland
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/28/66 Rosewood Cer	metery Owings Mills, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. F. Eline & Sons Reisterstown, Md.	DATEAR 2 1966 Clearley Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	0204			CERTIFICA	ATE	OF DEATH				1	1198	8
/	1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLANI		2. USUAL RESIDENCE O. STATE Mary	CE (When	e deceosed lived,	b. COUNT			sian)
	b, CITY OR TOWN write RURAL or TOWS	(If outside corporate limits, and give nearest tawn)		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Towson						
5	d. NAME OF HOSPI	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) 1353 Dartmouth Avenue				d. STREET ADDRESS 1353 D		nouth Av	enue		e. IS RE ON A YES	SIDENCE FARM? NO K
	3. NAME OF DECEASED (Type or print)	First Bess	ie	Middle May		Rogers	4.	DATE OF DEATH	Month Feb	ruary	24 1	Year 9 66
	s. SEX female	6. COLOR OR RACE caucasian	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	11	Nov. 10,	1880 1000	- last his	years today) Yrs.	Manths Do	AR IFUNI	DER 24 HRS. S Min.
	100. USUAL OCCUPATIOn during most of warking housewill	N (Give kind af wark dane g life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coo Marylan	,	ate, or fareign coun	try)	USA.	N OF WHAT RY?	
	13. FATHER'S NAME	13. FATHER'S NAME Calvin Bond				14. MOTHER'S MAID Han		Ely		1		
	1S. WAS DECEASED EV (Yes, na, ar unknawn) NO	ER IN U.S. ARMED FORCES? (If yes give war or dates af s	ancies V	16097065		FORMANT B. Edna M.	. Не	ins- 135	Address 3 Dai		h Ave	•
2	PART I. DE 4 2 2 Conditions, if on rise to immedic stoting the und lost. PART II. OTHER S OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour o Per Saw the case of the	SIGNIFICANT CONDITIONS CON SUNDERLYING G G CAUSE OF DEATH Y MEDICAL EXAMINER JOHN The state of the stat	Control of the contro	O DEATH BUT NOT RELATED SCRIBE HOW INJURY OCCUR BURY OCCURRED O twork Jury Occurred 19 66, and arbold	RED. (E. PLACE foctor that	OF INJURY (Home, y, street, office bldg., death accurred ATTENDING PHYS.	farm, etc.) ME DIR	20f. (City or 20f.) (n 18.) town) causes al	ad, Ba	that (1) date states of the state of the sta	UTOPSY MED? NO (Stote) (Stote) (Stote) (Plocation and the stote of
	230. BURIAL, CREMAT REMOVAL (Special DUT 1 a	2/28/66		23c. NAME OF CEMETER) Parkwood	Y OR CF			23d. LOCATION (C Baltim	ore		unty)	(Stote) Md.
2	24. FUNERAL DIRECT Leonard J	Ruck Funer	al Hom	ne, Inc530	5 #	arford 250.		REGISTRAR 28 1966		ISTRAR'S SIGN		,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remale and the pages. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any exect within 72 haurs after deat

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
			_		

02042 CERTIFICATE OF DEATH

Reg. Dist. No. 1989

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	Maryland	here deceased lived. If institutio b. COUNTY	Belline.			
RURAL and give no	foutside corporate limits, write corest town) Le River	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write RL LVER	JRAL and give nearest town)			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street 37 Honeycomb.	oddress) Road	d. STREET ADDRESS 37 Hone	eycomb Road	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Bertha.	Middle A•	Rohrer	4. DATE Mont OF DEATH Februar	/			
5. SEX Female	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH September	7, 1907 O4 yrs.	TF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.			
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. sing life, even if retired)	KIND OF BUSINESS OR INDU	Pennsy	lvania	12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVE (Yes, no. or unknown)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give wor or dotes of service] 2.20 20 0 20 0 20 0 20 0 20 0 20 0 20							
18. CAUSE OF DEA PART I. DEA	INTERVAL BETWEEN ONSET AND DEATH							
	Conditions, if ony, which) (b) Acute myseardial infarction "							
gove rise to immediate couse (a), stating the under: Tying couse lost. DUE TO Arterias cleratic heart disease								
PART II. OTH	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X			
	S UNDERLYING 1 206. DESIMATE CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 1B.)				
20c. TIME OF INJUR Hour o. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of twork of two twork of two twork of two twork of two							
21. I certify the	21. I certify that I attended the deceased from FHUG, 20,965, ta 2/11, 1966, that I last saw the deceased							
ACTUAL SIGNATURE	ACTUAL MI. O. C. STAN & SOFTING ADDRESS (Street, city of town, stote) DATE SIGNED &							
PHYSICIAN'S NAME (Type)	M. CASTA	20, Jr. N.	D,		MD,			
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF 2/15/66	Gardens of F	aith Cem	22d. LOCATION (City, town, o Baltimore	or county) (Stote) Manuland			
23. FUNERAL DIRECTOR	s signature ran, Inc. 3000	ADDRESS E. Balto. St. Ba	Lto. DATE	D BY REGISTRAR 24b. REGIS	itrar's signature			

PRINCIPAL STREET		CERTIFICA		
		ACTION AND ACTION	*/\5\	
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		AND GIVE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02043 CERTIFICA	TE OF DEATH	01990
1. PLACE OF DEATH • COUNTY BAITO MARYLAND	a. STATE b. COUNTY	sidence before edmission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) CHTONS VIILE	c. CITY OR TOWN (If outside corporate limits, write RURAL and BAI To,	give nearest town)
	630 WAShing Ton Ave 21227	IS RESIDENCE ON A FARM? YES NO
	11 . 14 14 6.	Dey Year 27 19 66
M WIDOWED DIVORCED	3/7/1872 93 yrs.	ays Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police MAN 10b. KIND OF BUSINESS OR INDUSTI	BAITO. Md	EN OF WHAT COUNTRY?
13. FATHER'S NAME TACOB RUHLAND	14. MOTHER'S MAIDEN NAME ROSE FALLEY	444
	EN R. DOWLING 126 Malbrook	Rd 21229
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO	, Acute	Sudden
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. (b) Arteriosclerotic (b) Arteriosclerotic (c)	cardio-vascular disease	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes Mellitus, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	mild	19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Part I or Part II of Item 1B.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (Count tory, street, office bldg., etc.)	ry) (Stete)
21. I certify that (I) (this charginal) attended the deceased from saw the deceased alive on		date stated above.
22e. SIGNATURE 22c. PHYSICIAN'S N	A.D. PHYS. DIRECTOR PHYS. 22d, ADDRESS 22d,	2/28/66 SIGNED
NAME (1960) Leo J. Gaver	I Mallow Hill Ave.,	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 3/2/66 NOW CATROOM	RAL BAITO	(Stote) Md
24 FUNERAL DIRECTOR'S SIGNATURE 301 Frederick Rd	256. REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE Judge
Catonsville	Mo	0

VR A15 (4)

TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cox director, page 3 should be detached for use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expending the state Dept.

completely filled in by the funeral carbon papers. Pages 1 and 2 e. ht, within 72 hours after defth.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

41	CERTIFICATE OF DEATH				
	1. PLACE DF DEATH		2. USUAL RESIDENCE (Where deceased lived, If instit	ution: Residence before admission)	
	a. COUNTY CALTIMURE		a. STATEN AR I D. COUNT	Maria	
A		MARYLAND	THE YEAR D	Baltimore	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)	
	Towson	2 days	PARTICIPATION Dundal	k 03-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE	
1	CPEATER BALTA MEANA	0511550	21. 211 N. NORT	ON A EARM?	
9	GREATEL BALLO, MEDICAL	L CENTER	26 -7 Hew HOR	H PT DIRPYES NO L	
	3. NAME DF First DECEASED	Middle	Last O. 4. DATE Month	Day Year	
	(Type or print) V052PM	17.154	TKOWSRI DEATH 2-20	1966	
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS.	
	Luale WITH WIDOWED	DIVORCED	10 - 0-19/10	onths Days Hours Min.	
		(IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT	
И	during most of working life, even if retired)	NDUSTRY	DI	COUNTRY?	
		ems Mfg. Co.	1 POIANG,	J.SA. U.S.A.	
	13. FATHER'S NAME	0.	14. MOTHER'S MAIDEN NAME		
	FOSILLIR RUTKOW!	STEL BY	ances PROTK		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		INFORMANT Address	BAITTUATS!	
	(Yes, no or unkown) (If yes give war or dates of service)		1. a. D 11, 10 060	4 curthporul	
		7-7-7-	EMIRA KITKOWSKI - 262	Boullerelle	
	18. CAUSE OF DEATH [Enter only one cause per I	line for (a), (b), and (c).]	0	INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vessure by	uluman sentoles	1.	
	466 X DUE TO	/ /		/ - /	
	Conditions If any which \	Ecute as	and Cledenia	3 WM-	
	gave rise to immediate				
	cause (a), stating the DUE TO	. =1 0	we - Ilian (
	underlying cause last. (c)	represent	ruous Turante	10	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?	
2	(externs der	odi cero	Corras cular dioce	YES NO [
4	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of	tem 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)	
	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	facto	ry, street, office bldg., etc.)	(bounty) (bratto)	
	p.m. 19 at wor				
	21. I certify that (I) (this hospital) attend	led the deceased from L	et. 24 19 66 to Feb. 26	, 19 66 that (I) (we) last	
	saw the deceased alive on Fel.	26 19 6 6 and that	death occurred at / 35M. from the causes at	nd on the date stated above.	
	22a SIGNATURE			22b. DATE SIGNED	
	1 to E Holes	M.D	ATTENDING MED. STAFF PHYS.	Feb 26 1961	
	22c. PHYSICIAN'S	M.U	22d. ADDRESS	1200-01101	
	NAME (Type) John E. Ad	lams M.D.	Greater Baltimore Medi	cal Centre, Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tow	n or county) (State)	
	Burial (Specify) Mar 2-1966	Sacred Heart o			
	24. FUNERAL DIRECTOR	ADDRESS		ISTRAR'S SIGNATURE	
	JOHN J. DUDA, Dundalk, Md.	Control of the Contro	4.1.	1 0 0	
	TOTAL OF DODA'S DUBLICATES MAS	~4~~~	DATE AR 1 1966 900	arely judge	

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John L. Mers .D. Greet wilth one wife Cotto, M.

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	OF	DEATH
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	02045	CERTIFICA	ATE OF DEATH		Reg. Dis	t. No.	1) [!	993
ī.	PLACE OF DEATH o. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary lar	b. COUNTY				ian)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		etside corporate limits, write I	RURAL ond g	ive nea	rest town)
L						0	3 -	- 1
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	D 1		1		FARM?
3.	Sister Our lady of Moun	Middle	701 Gun					NO 🗌
	(Type or print) Sr. Elias	Gradie .	aazedra MSP.	OF	מוח	Day		Year
S.			8. DATE OF BIRTH	9. AGE (In years	IF UNDER	YEAR		1966 R 24 HRS.
	Female Cuban widow		3-20-1881	last birthdoy) 84 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12. CITI	ZEN O	F WHAT	COUNTRY
	Relegious		Cuba		-	Cu	ba	
13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			Du _	
	Jose Saazedra		Lazara	Hermandez				
15 (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es. no. or unknown) (If yes, give war ar dates of service)		RECULS.	Add	ress		Fla	
	Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost. DUE TO DUE TO (b) DUE TO	Nyocardial fail	ure					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART	1(o) 19	PERFO	AUTOPSY RMED? NO
I		CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Po	art I or Part II of item 18.)				
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d, I Haur o. m. 19 While p. m. 19	Nat while too	CE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	20f. (City or town)	(Co	ounty)		(State)
	PHYSICIAN'S	and that death	, 19.6.5, ta occurred at 10 A				e state	
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial	22c. NAME OF CEMETERY OF	em.	Balto.	or county)		(Stote)
	FUNERAL DIRECTOR'S SIGNATURE PALL OF F	ADDRESS			STRAR'S SIG	NATUR	E() (
	Filiott Funeral Home	1129 N Caroli			July	CH	Jud	7

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FOR STATE AND HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after deather DEPUTY ME: EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY ME VR ALSME MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND

01993

DIVISION OF	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE 1,	P
02046	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	
04030			OHILLI IOMIN	OI PENIII	

1. PLACE OF BEATH a. COUNTY			2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If in b. COUI	stitution; Residence before admission)
<u>Baltim</u>	ore #21	MARYLAND	Md	•	Callingre
b. CITY OR TOWN (if outside write RURAL end give nee	corporate limits, c	LENGTH DF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give nearest town)
Essex			Ва	ltimore	03-1
d. NAME OF HOSPITAL OR INS	STITUTION (if not in hosp	Ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
18 D F	enway Sout	h	18	D Fenway S	
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Mont	h Day Yeer
(Type or print)	Jesse	E.	Sasser	DEATH Feb	. 15 1966
5. SEX 6. COLOR OF			B. DATE OF BIRTH	9. AGE (In years lest birthday)	LEUNDER 1 VEAR LEUNDER 24 HRS
Male Whit	WIDOWED	DIVORCED	8/9/06	59 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10h MAR	OF BUSINESS OR		tete or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Opr (Pickler			North Ca	rolina	COUNTRY
13. FATHER'S NAME) Dec	II. DECEL	14. MOTHER'S MAID		
John E. Sass	or		Penny Jo	nac	
15. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16, SO	CIAL SECURITY NO. 17.	INFORMANT	Addre	ss #21
(Yes, no, or unkown) (If yes give war	or dates of service)	D -	lab O Car		
18. CAUSE OF DEATH [Enter	only one course nor line		lph O. Sas	ser, son, 9	14 Arncliff Rd
PART I. DEATH WAS CAL	ISED BY.				ONSET AND DEATH
IMMEDIATE	CAUSE (e) ACUT	e Coronary	Occlusion		
4201	DUE TO				
Conditions, If eny, which gave rise to immediate	(b) Hype	rtensive Ca	ardiovascu	lar Disease	
cause (e), steting the	DUE TO				
underlying cause last.	(c)				
PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	NGTD DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAI					YES NO
PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	IG 🗆 2Db. DES	CRIBE HDW INJURY OCCU	RRED. (Enter nature of	injury In Part I or Part II o	of Item 18.)
CAUSE OF DEATH.					
20c. TIME OF INJURY Mont		RY OCCURRED 20e. PLA	CE DF INJURY (Home, fe		(County) (State)
p.m.	19 While at work	Not While et work	,,,,		
21. I certify that I took	charge of the remain	s described above, hel	d an Autopsy ,	Inspection X, Inqu	iry , and in my opinion
death resulted from:	Natural causes	Accident Sui	cide . Homicio	de . Undetermined	manner
	0 177		CHIEF MEDICAL		
ACTUAL VCC) · ((a) X	(11211)	The second of the second	DICAL EXAMINER	22. DATE SIGNED
SIGNATURE	1000	0000	M.D.	AL EXAMINER 🔀	
EXAMINER'S Theodo	re C. Patt	erson, M. I		, city, town, or county)10	5 Main 2/18/6
23a. BURIAL, CREMATION, 23b.	DATE THEREOF 2	3c. NAME OF CEMETERY		23d. LOCATION (City, t	
REMOVAL (Specify)	2/19/66	Sacred Hear	rt Cemeter	y Baltimore	. Maryland
24 FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 25b. R	
Schlmunek Fur		inc.	DAFE B	21 1956 \$0	harles Judge
3331 Brehms	Lane		DATEL	# T 10001	10

and to you did you have the said the sa REPORT OF THE PARTY TIME IT A CHEEL LE LEVILLE LE LEV All there are the second of th with the state of The latest the same of the sam

		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARYLAND 21201	
FOR STATEM		02047 MEDICAL EXAMINER'S CERTIFICA	ATE OF DEATH	01994
EALTH DEPT.		COUNTY	SIDENCE (Where deceased lived, if institution: Residence befor b. COUNTY Baltimo	e odmission)
lay is 1 3 to Page ent of death.	<u> </u>	MAKICAND	OWN (If outside corporate limits, write RURAL and give neares	st town)
f any delay is 1, 2, ond 3 to rm PM3. Page Deportment of rs after death.	Ι,	write RURAL and give aeorest town) Dundalk 10 yrs. Dund		1
2, 2, Phopograph	<u> </u>	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADI		e IS RESIDENCE
th. If or iges 1, h form tote Deptors of hours				ON A FARM? YES NO
offer death. I 8. Give Pages olong with for with the Stote within 72 hou		AME OF First Middle Lost ECEASED AMEDIA COLLEGE	4. DATE Month Doy	_
ter de Give ong w th the thin ithin	(ype or print) AMBRUDE T. SUHAEFFER	DEATH FOD 1-1966	19 IF UNDER 24 HR
	S. S	THE THE MAKE	7 1917 9. AGE (In yeors IF UNDER 1 YEAR lost Strithdoy) Months Doys	Hours Min
hours Item 1 Office ond 2 event	100.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPL	ACE (Stote or foreign country) 12. CITIZEN OF	WHAT
7 5 5	CI	omstruction Foreman Palm Oil Recovery C	Maryland U.S.	Α.
A pencil in pencil in Examiner File page and in or			MAIDEN NAME	
within pencil xaminel xaminel ile pegend in a		William Schaeffer Eli	zabeth Schaeffer	
	15.	WAS DECEASED EVER IN ILS ARMED FORCES? IA SOCIAL SECURITY NO 17 INFORMANT	Address	
executed inding in the Medical permit.	(76	no ocunknown) (If yes give wor or dates of service 216-09-2031 Wife, Ma	ary Schaeffer, # 2,a,b,	c,d.
certificate should be executed writing the word "pending" ir brwarded to the Chief Medical I used os o buriol-tronsit permit. burial, cremation, or removal, o		1B. CAUSE OF DEATH (Enter only one couse per line (of (o), (b), and (c),)	INT	IERVAL BETWEEN
		4201 DUE TO D 5 0/1/1	. 0	
the w to the buri		Conditions, if ony, which gove rise to immediate couse (a),	12	
o treer		stoting the underlying couse DUE 10		
vertificot writing warded warded sed os c		lost. (c)		WAS AUTODON
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	Y	WAS AUTOPSY PERFORMED?
iner: This e certificate, should be for files. 3 should be to a should be int, prior to	MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH,	injury in Port I or Port II of item 1B.)	
3 = 1 = N	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 foctory, street, office 4 work 19 of w		(State)
yo yo ba		21. I certify that I taak charge of the remains described above, held an Autaps	sy Deportion The Inquiry The one	in my anini
AL Executive. Por I for IOR:			Hamicide Undetermined manner	in my upim
Mest leose e director stained DIRECT s design			F MEDICAL EXAMINER	
MEST pleose e I director retained DIRECT its design		ACTUAL V Y) / A	STANT MEDICAL EXAMINER Feb. 3-196	22 DATE SIGNE
UTY Month of the plant of the p		DEPU	JIY MEDICAL EXAMINER	
DEPUTY MESTCAL EXAM ressory, pleose execute the funerol director. Page 4 moy be retained for your FUNERAL DIRECTOR: Page solth or its designoted oge		NAME (Type) Melvin B. Davis M.D. 6800 Mc	arnington Rdy Dundalk,	Md: 22
TO DEPUTY necessory, the funerol 5 moy be TO FUNERAL Heolth or i	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County	
5 + 20 +		Burial Feb-4-1966 Loudon Park	Baltimore, Md.	
	24	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUI	
VR A15ME (5)		OHN J. DUDA , Dundalk, Md. 21222	DATE FEB 7 1986 Jelianles	Juage

JOHN J. DUDA , Dundalk, Md. 21222

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore MARYLANO Department after death. funeral may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Dundalk 21222 c. LENGTH OF STAY IN 1b l vear Dundalk 21222 the 5 e. IS RESIDENCE d. STREET AOORESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? ay is 3 to 1 1605 1605 Inverness Avenue Inverness State Avenue NO X YES ! DATE Month Dey Year y dell and 3. NAME OF First Middle DECEASED September DEATH 19 66 MAUDE AGNES SCHAUM P.'. (Type or print) with with death. If a e Pages 1, ith form P AGE'(In years | IF UNDER'1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED lest birthday) Months Days Hours Sept.10.1886 white OIVORCED emale and with 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA COUNTRY? Give during most of working life, even if retired) USA \rightarrow Housewife Maryland along any pages in any MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry Spotswood Frazier Margaret Scott File 17. INFORMANT 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) ((If yes give war or dates of service) 1913 Queensway "be executed within 2 "pending" in pencil in Medical Examinar's C " in pencil it Examiner's permit. 213-07-3507B Mrs. R.E.Burkhardt, no CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, **OUE TO** Medica Conditions, If any, which (b) should be gave rise to immediate DUE TO (a), stating Chief the word the Chief g underlying cause last. used as to burial WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? **EXAMINER:** This certificate NO K YES the certificate, writing t DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | torwarded 3 should lagent, pri CAUSE OF DEATH. (Stete) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion pluods DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural CHIEF MEDICAL EXAMINER for your execute r. Page 4 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 0 2/28/66 DEPUTY MEDICAL EXAMINER ADDUNCE IN MEDICAL EXAMINER ADDRESS (Street, Mry, towns or county please exec director. Pa retained for 0 FUNERAL I **EXAMINER'S** NAME (Type) LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 00 REMOVAL (Specify) Oak Lawn Cemetery Baltimore

Bradley, Inc., Dundalk, Md.

VR A15ME 3500 4-64

2010 0000 propiding Fraction States and States and States TABY I ennew1 adentevni coli 1005 Leverboos Avenue ii . at ues es rec es 10, ii female white x were longer of the property silk suos June Spillered Teller Spiller Spiller Caranesta Ciri obradano. a.a. anak Syras-ve-213 States II, Tere (I and Besievel, ob erchidles __ geodess rowal MaD od S dogs __ La Duna helicar income treater, . only effect theory in the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to P.M.3. Page

e Deportment of lurs after death.

Health or its designated agent, prior to buriol, cremation, or removal, and in any event with 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 2

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

This certificate should be executed within 24 hours after deoth.

TO DEPUTY MEDICAL EXAMINER:

02049	MEDICAL EXAMINER'S	CERTIFICATE OF DI	EATH	01996
1. PLACE OF DEATH o. COUNTY Balto:	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	leceosed lived, if institution: b. COUNTY	Residence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)			orporate limits, write RURAL of	h 503-1
	dre Rd	d. STREET ADDRESS	tridge h	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HYMA	V. Middle	HNE IDERDI	ATH FLO	Doy Year 2 19 CC
male white v	MARRIED NEVER MARRIED DIVORCED DIVORCED	5-20-1918	lost birthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NAME	ign country) Real Banks	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of ser	vice 316-01-560	INFORMANT Day will.	Address	or (brother)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove is to immediate couse (a), stoting the underlying couse (b) (c) (c) (d) (d) (e) (e) (f) (Eur s-nam			INTERVAL BETWEEN ONSEL AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	PROBLEM BUT NOT RELATED TO PROBLEM BY OCCURRED. 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I o		19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m.	While - Nat While - foot	tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I taak charge of death resulted fram: Natural co		ide, Hamicide,	Undetermined mann	
ACTUAL SIGNATURE B. 2. Co.	yles	CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EX. DEPUTY MEDICAL EXAM	AMINER	22. DATE SIGNED
EXAMINER'S D. F. CA F. 230. BURIAL, CREMATION, PEMOVAL (Specify) 274/66	PLES. 123C. NAME OF CEMETERY OR BALTIMORE NA	Address (Street, city, to	/	2-2-66 (ADV(FOXITY)) (Stote)
SOLLEVINSON & BROS. IN	BALTIMURE NA	TIONAL	BALLIMUKE, M	AKYLAWU

FAE B

1966

VR A15ME (5)

Server and the state of the server of the

executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02050
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore . 21234
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
St. Joseph Hospital	
3. NAME DF DECEASED (Type or print) Herman August	Schnoor 4. DATE Month Day Year DF DF DF DF DF DF DF D
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 8 WIDOWED DIVORCED 1	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. 7/1896 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Balto. Type Foun	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME August Schnoor	14. MOTHER'S MAIDEN NAME ? Petersen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address S. Emma C. Schnoon Same
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	nfarction with rupture of the INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which (b) Pulmonary edema (c) Bronchopneumon (c) Chronic peptic	ulcers (2), large.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTIONS CO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from P	death occurred at 10 . 1 M, from the causes and on the date stated above.
22a. SIGNATURE DRS and the Common M.D.	ATTENDING MED. STAFF PHYS. February 24,1966
22c. PHYSICIAN'S NAME (Type) Govinda Rao, M.D.	22d. Appress Rd. Baltimore, Md. 21204
24. FUNERAL DIRECTOR ADDRESS	metery Baltimore Co., Md. [25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc. 5305 Harford	Rd. DATE B 28 1966 Clearles Judge

VR A15 (4) 20M 1/65 to a de less have alle melionales. I have been a suited and a suite of the suite of A. E. aug Abatyon Sa

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Leonard J. I wit Inc. 3305 They was ted.

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FOR STATE MEALTH DEPT.

cessary, TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages train 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any permit within 72 hours after death. 5 may be D DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY MED

> VR ALSME (5) 2 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02051 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0199

1.		Baltimore		MARYLAND	e. STATE Mar	yla	nd b	. COUNT	Υ	-	/
	b. CITY OR TOWN Write RURAL Spare	N (If outside corporeta and give nearast town) COWS Point	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside . t i m		ilts, wrlt	a RURAL an	d give na	arast town)
		77		pital, give street eddress)	d. STREET ADDRESS						RESIDENCE A FARM?
	Plant	t ^D ispensa	ry	6	1408 N.	El	lwood	Ave	#13	YES [No PS
3.	NAME OF DECEASED (Type or print)	First Herm	an	Middle Jackson	SCOTT	4. DA OF DE		Month 2		Day 25	Year 1966
5.	Male	6. COLOR OR RACE 7	MARRIED WIDOWED	NEVER MARRIEO DIVORCED	8. DATE OF BIRTH 4-19-14		9. AGE (In last bird 51	years I hday)	FUNDER 1 Y Months Da	EAR IF UI	Urs Min.
du	B. USUAL OCCUPAT ring most of work!	ION (Give kind of work do ng life, even if retired) E	IND	or Business or Ustry Lel Making	Nottaway 14. MOTHER'S MAID!	Co.	Virgi	у)	COUN	ZEN OF WITRY?	HAT
	Felix	Scott			Rosa Ric	e			1		
15	. WAS DECEASED E	VER IN U.S. ARMED FOR	ES? 16. SC	CIAL SECURITY NO. 17.	INFORMANT			Address			
(8	NO.	(If yes give war or dates of s	224	-26-9306 Mr	s. Geneva	Sco	bt 14	408	Ellw	boc	Ave
	PART I. OE	DEATH [Enter only one of ATH WAS CAUSEO BY: IMMEDIATE CAUSE (e	Cas	for (a), (b), end (c).]	usion					NTERVAL	BETWEEN NO DEATH
	Conditions, if gava rise to cause (a), st underlying ceus	any, which the limmediate ating the alest.)								- HOVODOV
CATION	PARTII. OTHER S	ignificant condition	CONTRIBUTI	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL O	ISEASEC	CONDITION GI	VEN IN P.	AR I 1(a)		FORMEO?
CERTIF	20a. EXTERNAL PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING [] H.	20b. OB	CRIBE HOW INJURY OCC	URREO. (Enter nuture of	Injury I	n Part I or Pa	art II of	Item 18.)		
MEDICAL CERTIFICATION	20c. TIME OF I Hour a.m	**	While -	Not While facto	ACE OF INJURY (Home, fa ory, street, office bldg., et		f. (City or to	own)	(Count	y)	(State)
	21. I certify	that I took charge	of the remai	ns described above, he	ld an Autopsy [],	Inspec	ction X,	Inqui	у 🗶 ,	and in	my opinion
	death result	ed from: Natural o	auses 🔀,	Accident, Sy	icide, Homicid		Undeter	mined r	nanner [
	ACTUAL SIGNATURE	11/12/	Dav	of mil	CHIEF MEDICAL M.D. ASSISTANT MED	ICAL EX	AMINER _				TE SIGNED
	EXAMINER'S NAME (Type)	Melvin B.	Davis	, M.D.	6800 Mort	ing,	ton R	d Du	ındal		Id. #2
23	BURIAL, CREM REMOVAL (Spe Buria	ATION, 23b. DATE TH	- 66	23c. NAME OF CEMETER Arbutus Me	morial Par	k A	LOCATION (. M	arvla	and	(Stala)
	. FUNERAL DIRE			ADORESS	25a. REC	OBYR	EGISTRAR 1 2	56. RE	GISTRAR'S	SIGNATUE	Esge
T	he Morto	on & Dyett	F.H.	. 1701 Laur	ens stoate IVII	7 /17		//		0	·

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Torial 15 - 1 - 66 Arbubua Hemorial Park Arbubus, Harylond She yorkon & Dyett P.E. 1701 Laurens struk

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY STATE 0 b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO YES NAME OF DECEASED First Middie DATE Month Day Last 4. OF PDIN. 3 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED X NEVER MARRIED 3 WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) during most of working life, even if retired) COUNTRY INDUSTRY 3 SERVICE MISSOUR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 16. SOCIAL SECURITY ND. INFORMANT Address (Yes, no. or unkown) INTERVAL BETWEEN ONSET AND DEATH CAUSE DE DEATH [Enter only one cause I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? CERTIFICAT ND T 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m.

Not While at work at work

p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on.

and that death occurred at 12:45 M. from the causes and on the date stated above. DATE SIGNED 22b. ATTENDING MED

to FEB

23

22a. SIGNATURE PHYSICIAN'S

M.D. PHYS. 22d. AOORESS

DIRECTOR PHYS.

19

22c. NAME (Type)

BURIAL, CREMATION.

LOCATION (City, town or county) CEMETERY OR CREMATORY 23d.

(State)

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REMOVAL (Specify) FUNERAL DIRECTOR

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Page 4 ...
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OR ATTENDING P

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Divisian	of STATISTICAL	RESEARCH A	AND RECORDS,	301 W.	PRESTON STREET	, BALTIMORE,	MARYLAND	2120

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this cert detached e Dept. a	MEDICAL	20c. TIME OF INJURY Month, Doy			ACE OF INJURY (Home, farr		n) (Coun	ty) (Stote)
te D de l	ME	Hour o.m. p.m.	19 While of work		ctory, street, office bldg., etc.)		
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cTOR: /		saw the deceased alive		66 19, and th	at death accurred at	1030 PM, fram cat	ises and an the	date stated above.
ECTOR: s shoul with th		220. SIGNATORE	Ch	0	ATTENDING	MED. STAFF	22b. DAT	E SIGNED
		Josephy	1 June		A.D. ATTENDING PHYS.	DIRECTOR PHYS.	1 2/18	3/66
Bij /		22c. PHYSICIAN'S NAME (Type)	-AU M.	ELIMD.	22d. ADDRESS	1- 1.	9. 4 . 7	2 1 11221
ERA Jr. F		MAMIC (Type) 1007	=1077 10110	-EX 1 18110.	108 D.ct	ayeor our	my.	na zizi
FUNERAL FUNERAL Frector, po hauld be	230		DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City	or Town) (C	ounty) (Stote)
for FUNERAL DIR director, page shauld be filed	6	REMOVAL (Specify)	21/66	GARDENS	OF FAITH		0.	MD.
-		FUNERAL DIRECTOR		ADDRESS			b. REGISTRAR'S SIG	
VR A15 (4) 20 M 1/66	C	ONNELLY SO.	vs 300 m	ACE AVE,	MD. DETEB	2 1 1966	Melianles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certicate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after depth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	02054			CERTIFICA	TE	OF DEATH					120	01
	PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAND		usual residence (Who o. STATE Maryla		ed lived. If institution b. COUNTY		timo		ion)
	b. CITY OR TOWN (I	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	#	c. CITY OR TOWN (If or		porote limits, write RI	JRAL ond	give ne	arest town	1)
	RURAL ond give ne	100				Essex	(27)		,	10		/
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)	+	d. STREET ADDRESS	(22)				e. IS RES	IDENCE
	OR INSTITUTION	ck River N				827 Back Ri	ver	Neck Road				FARM?
	NAME OF DECEASED (Type or print)	Fir		Middle JANE SEVIER		Last	4. DATE OF DEATI	Mon Februar	-	Do	,	Year 19 66
S.	SEX	2.00	200	RIED NEVER MARRIED	8. D	ATE OF BIRTH			IF UNDE			
	Female	White	WIDOW		No	v. 15. 1909)	last birthday) 56 yrs.	Months	Days	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CIT	IZEN O	WHAT	OUNTRY?
-	Housewif		0	Home		Baltimore	Co. 1	Marvland		USA		
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N						
	He	erbert Mich	ael			Caroline	McGl:	inchy				
15.	WAS DECEASED EVE		CES? 16	SOCIAL SECURITY NO. 17.	INFOR	MANT		Addr	ess			
	No	in yes, give was as dates or s	arvice)	219 22 7998	lalt	er O. Sevie	er. J	r. Sa	ame			
		TH [Enter only one co	use per l	ine for (o), (b), and (c).]		0	-			INT	ERVAL 8E	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	. 1	toute Coron	ar	a Heron	bon	5		ON	SET AND	DEATH
	260	DUE TO		1.	1	1						
	Conditions, if or	ny, which) (b	. /	4 ocardos	re						24	ear
	gove rise to it	mmediate (_	00	1	. 00-1					, 0	2001
	lying couse lost.	line onder-	, ,	Diabets	66	Welletin	1			/	0	Ha.
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BL	IT NO	RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(a)	19. WAS	AUTOPSY RMED?
CATION	Ca	of lun	191									NO 🗌
CERTIFIC	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	106. DE	SCRIBE HOW INJURY OCCURE	ED. (E	nter nature of injury in f	Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While		LACE octory,	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (Ci	ty ar town)	- (County)	En.	(Stote)
>		A (1) (Abia base)			-	1964		Yau	10	66.		
				ded the deceased fram		160	, .ta		, 19	e_o ir	iar (1) (we) last
	saw the deceas	ed dilye an		20 19 6 and that	dear	n accurred at 121	M, Tran	myrne causes an	a an th	e dare	stated	b. DATE
	6	regnot	do	Jems	M.D.	ATTENDING ME	D.	STAFF PHYS.			22	SIGNED
	22c. PHYSICIAN'S NAME (Type)			//		22d. ADDRESS						
		Leopoldo G	russ	M. D.		1 405 Ste	emmer	s Run Rd.	Balt	0.	21 Mc	l
230	BURIAL, CREMATIO	N, 23b. DATE THEREC	F	23c. NAME OF CEMETERY	OR CR	EMATORY	23d. LOC.	ATION (City, town, o	or county)		(Stot	e)
	Burial	2/5/66	1	Oak Lawn Ce	met	terv	Bal-	timore Co.	Ma	rvla	and	
24.	FUNERAL DIRECTOR	SIGNATURE	lns	ADDRESS		25a. REC's		STRAR 2Sb. REGIS	STRAR'S S	. 0	RE	
1	ruzdzinski	Funeral	ome	1407 Eastern A	ve.	#21 DAREP	7	1956	liarl	20 5	udge	-

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY b. COUNTY the 12 timpie MARYLAND ъ b. CITY OR JOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) andes write RURAL end give nearest fown) E - 6 Reisterstown filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Maine completely papers. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) and comp carbon pa nt, within DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months WIDOWED W DIVORCED YES. physician remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? a during most of working life, eyen if retired) Problem MOL ease d in a 13. FATHER'S NAME attending | Then please UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN loval (Yes, no, or unkown) [(If yes give wer or detes of service) permit. 18. CAUSE OF DEATH [Enter only one ceuse per INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (e) urial-transit DUE TO ending Conditions, if env. which (b) geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(m): 19. WAS AUTOPSY CERTIFICATION 5 0 USB prior 20e. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH R: After th detached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) DIRECTOR: After 3 should be detach fectory, street, office bldg., etc.) While Not While Hour e.m. ō et work et work 21. I certify that (I) (this hospital) attended the deceased from 2-12 19(0)19 and that death occurred of MM, from the causes and on the date stated above. saw the deceased alive on... 22e_SIGNATURE ATTENDING STAFF m PHYS. DIRECTOR PHYS. FUNERAL FONERAL rector, page M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 5 3

romon

IS RESIDENCE ON A FARM? YES NO

Year

19 66

IF UNDER 24 HRS

16200

PERFORMED?

NO

(State)

22b. DATE

(State)

256. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

DATE

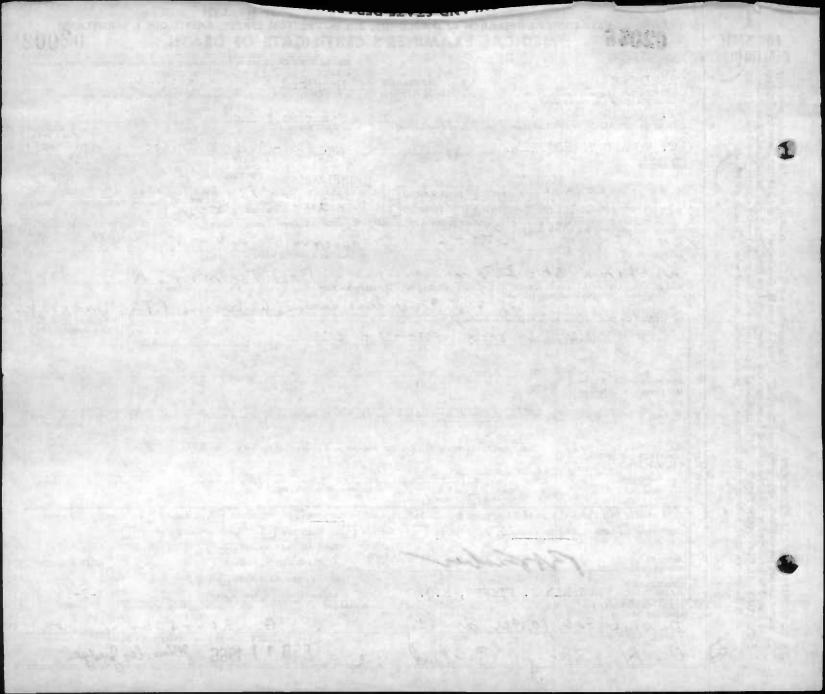
SIGNED

VR A15 (4) 20M S-63

24 FUNERAL DIRECTOR'S SIGNATURE

TUNERAL Home.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 12057 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a, COUNTY	a. STATE b. COUNTY	sidence perore admission)				
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL a	ind give nearest town)				
	write RURAL and give nearest town)	6 sack 03 - 1					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	338 Homberg Chr.	338 Homberg Chre.	YES NO				
3.	NAME OF DECEASED (Type or print) ELIZABETH A SHERLOC	Last 4. DATE Month Day Year OF DEATH Fels. / 1966					
5.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YEAR IF UNDER 24 HRS. Days Hours Min.				
100	. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR	Grand Syrs.	TIZEN OF WHAT				
dur	Ing most of working life, even if retired)		INTRY?				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		INFORMANT					
(Ye	(If yes give war or dates of service)	ann L. Myers (same a	s above)				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
K	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FA	ILURE	3 WEEKS				
51	4200 DUE TO 03-010 CO	- PRITION WEART					
	Conditions, If any, which gave rise to immediate (b)	LEROTIC HEART					
	cause (a), stating the underlying cause last. DUE TO DISEASE		14 YRS				
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
FICAT	BLONCHO- PNEVMONIA		YES NO				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)					
MEDICAL	Hour a.m. While - Not While - facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	nty) (State)				
M	p.m. 19 at work at work	A Y 3 1955 to FEB. 1 1961	, that (I) (we) last				
	21. I certify that (I) (this hospital) attended the deceased from Assaw the deceased alive on Assaw 11 1966, and that	t death occurred at 225 M, from the causes and on the	e date stated above.				
	22a. SIGNATURE	22b. DA	TE SIGNED				
	Horligh Sicel M.C	D. PHYS. DIRECTOR PHYS. 2 2	-/66				
	22c. PHYSICIAN'S JOSEPH MICELI M.D.	108 S. TAYLOR ALE. ES	SEX, MD.				
232	BEMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or courgets Cam. Throntoner	nty) (State)				
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE				
/	onnelly 300 Mace and Ball	6. 21 FFB 3 1966 Marles	Judge				
	1 de l'ille de l'ord	I DATE U	V				

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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il ir	pages in on	13.	FATHER'S NAME			OTHER'S MAIDEN NAME		,,,	0171.
within 2 n pencil ii Examiner			1 ARENTO	& LITEF	11	1.0 V %	SINKED		
Exa	File	ic	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY	NO. 17. INFORMA	ANT	Addres		
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01		S		221.				YE:	NO NO
	P is	CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	2Db. DESCRIBE HOW INJ	URY OCCURRED. (Enter no	oture of injury in Port I	or Port II of item 18.)		
certifi certifi	tiles. 3 should int, priar		CAUSE OF DEATH.	4	rock.				
She N	aur tiles. ge 3 should be agent, priar ta	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Year	2Dd. INJURY OCCURRED		JURY (Home, form,	2Df. (City or town)	(County)	(Stote)
A + A	age	ME	Hour o.m.	While Not While	Detroit	et, office bldg., etc.)			
EX cut og	ained tar y IRECTOR: Po designated		21. I certify that I taok charge				spectian 🔀, Inqu	iry 🔀, and	in my apinia
exe exe	100 to			causes 🔼 Acciden]. Hamicide	Undetermined mo		in my apima
se ecto	rec esig		dodni rosonod ridni.	Accident	, Soleide	CHIEF MEDICAL EXAM		anner 🔲	
MED please direc	DIS DIS		ACTUAL St. St. St.	1/10-		ASSISTANT MEDICAL E		2:	2. DATE SIGNED
- m	AL D r its		SIGNATURE ALA	~ cour	M.D.	DEPUTY MEDICAL EXA	and the same of th		2
O DEPUTY necessary, the funera	may be retained tar yaur FUNERAL DIRECTOR: Page talth ar its designated age		EXAMINER'S D. D. CA	DIFE		Address (Street, city,		2	-2-8
DE sces e fu	5 may 10 FUNE Health	230	BURIAL, CREMATION, 23b. DATE THER	OF 23c NAME O	F-CEMETERY OR CREMATO		23 LOCATION (City or Tow	yn) (County)	(State)
TO D	~ 2 ±	230	MOVAL (Specify)	1196 7 10	- 1/ - h.		A LAN AL	Con W	1
		24	FUNERAL/DIRECTOR	· ADDRE		2So. REC'D BY R	DEGISTRAD OCH DEG	GISTRAR'S/SIGNATURI	
VP	A 15ME (5)	4	TOWERALIDIKECTOR	a f ADUKE	= W/ 71.7	250. KELD BY K	CLOISTRAK ZSD. KEG	SISTRAK SYSIGNATURI	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after geath. MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	. ULUB	3		CERTIFICAT	TE OF DEAT	Н		HEET Y		2005_
1.		cimore		MARYLANO	2. USUAL RESIDER a. STATE Maryla		eased lived, If Inst b. COUN		idence be	efore admission)
	b. CITY OR TO write RURA Tows	WN (if outside corporat L and give nearest town SON	e limits,	c. LENGTH OF STAY IN 15		If outside corp	orate ilmits, wri	te RURAL at	nd give	nearest town)
	d. NAME OF H	OSPITAL OR INSTITUTIO	N (if not in ho	spital, give street address	d. STREET ADDRESS	S		Des Li	0.	IS RESIDENCE ON A FARM?
	St.	Joseph Hosp:	ital		8354 0	old Phil	adelphia	Rd.#6	S YES	
3.	NAME DF DECEASED	Fit	rst	Middle	Last	4. OATE	Month		Oay	Year
	(Type or print)	and the contract of the contra		1.	Shores	DEATH	Febru	ary	22	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	8. OATE OF BIRTH	9.	AGE (In years	IF UNOER 1		
	Female	White	WIDOWED [OIVORCED	1-7-1924		last birthday) 42 yrs.			Hours Min.
during most of working life, even if retired) INDUSTRY Poll+imone Md COUI							IZEN OF INTRY?	WHAT		
12	FATHER'S NA	sewife			1 14. MOTHER'S MA					_USH_
13	Joser	oh Drasal			A 1.	Levec	heck			
15	. WAS DECEASED	DEVER IN U.S. ARMED FO	RCES? 16.5	SOCIAL SECURITYNO. 17	. INFORMANT		Addres	S		
(Y	es, no, or unkown)	(If yes give war or dates of	service)	,	Alvin P. S	hones.	Sn.	1	ame.	
-	18. CAUSE D	F DEATH [Enter only one	cause per lin		1,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,0	1		AL BETWEEN
		DEATH WAS CAUSED BY:		-ulus and a second					ONSET	AND DEATH
	120	IMMEDIATE CAUSE	(a) Res	piratory fail	ure					
	110	DUE								
	Conditions, If		(b) Hy	drothorax						
	cause (a),									
_	underlying car			rcinoma of br						
CERTIFICATION	PART II, OTHER	RSIGNIFICANTCONDITIO	NS CONTRIBU	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	L DISEASE CONC	DITION GIVEN IN	PART 1(a)	19. W	PERFORMEO?
ERTIFI	20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEAT OTIFY MEDICAL EXAMIN	7H 20b. D	ESCRIBE HOW INJURY OC	CURREO. (Enter nature	of Injury In Pa	rt I or Part II o	f Item 18.)		
							011	10	And	(Chaha)
MEDICAL	Hour a	INJURY Month, Day, ' .m. 19	Year 20d. IN While at work	Not While fac	LACE OF INJURY (Home, tory, street, office bldg.,	, etc.) 201. (City or town)	(Count	(3/)	(State)
	21. I cert	ify that (I) (this hosp	ițal) attende	d the deceased from P	ebruary 16,		ebruary			
		eceased alive on	BD. 22,	1966 and th	at death occurred at	4:00 M. fro	m the causes			
	22a. SIGNAT	URE	/		ATTENOING	MEO.	STAFF XX	22b. 0A1		ED
	22c. PHYSIC	LANUS CONTRACTOR	/		1.0. PHYS.	DIRECTOR _	PHYS.	2-22	-00	
	NAME (Type) Nelson	dela:	Paz		ork Road	1, 21204			
238	BURIAL, CRE REMOVAL (S			Holy Rede	ry or crematory emer (em.	1 23d. LOI Bal	timore,	, Md.		(State)
	. FUNERAL DII eonard	J Ruck, P	y KIn	c. Balto. Md.		B 24 19	TRAR 25b. RE	EGISTRAR'S		

15 (4) 1/65 VR A15 20M I/

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Surgery 2-26-26 Pour regeneral en Succionation

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destination between

Baltelmore, Ig.

at want a rough

MARYLAND STATE DEPART * HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral 1. PLACE OF DEATH a. COUNTY a. STATE Baltimore ges 1 after the tes Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Page write RURAL and give nearest town) oon papers. Pag within 72 hours hours Eastwood E Eastwood filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 7009 Bank Street completely 3. NAME OF First Middie Last DECEASED event, CORA K. SIEBER (Type or print) executed and cor 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED 8. 8/6/1900 any female white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = sician lease r during most of working life, even If retired) and INDUSTRY ed by the attending physicitransit permit. Then please, cremation, or remoyal an Button Hole Opr. Best Mfg. Co. Baltimore, Md. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert H. Burton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) | (If yes give war or dates of service) 215-22-5921 n signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: ceretrovascular accident physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to immediate the r **DUE TO** cause (a), stating the underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate h detached for use te Dept, of Health CERTIFICAT avere comilue 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While Stat at work at work should ith the 1964 Dec 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR age 3 shor saw the deceased alive on 22a. SIGNATORE ATTENDING availed for DIRECTOR may pa TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Dr. Rafael Santayana 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial 2/7/66

24. FUNERAL DIRECTOR ADDR Schimunek Funeral Home, Inc.

3331 Brehms Lane

VR A15 (4) 20M 1/65

NO

INTERVAL BETWEEN

PERFORMED?

NO F

(State)

YES I

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM?

7009 Bank Street YES DATE Month

Feb. DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 65 Months Days Hours

11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT

Anna K. Maul

Address

Christian E. Sieber, husband, above

ONSET AND DEATH WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20f. (City or town)

(County)

1965 that (I) (we) last and that death occurred at 10 26M, from the causes and on the date stated above. 22b. DATE SIGNED

6010 Eastern Avenue

23d. LOCATION (City, town or county) Oak Lawn Cemetery

Baltimore, Md.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

"harley

Doowland

Button Hole Cor. Bust Hid. Co.

Robort W. Burton

LOUWINGE

tegata waga coul

7009 Bank Struct

. down with the state of the st

8/6/1300

. bl. Promid. d.

Inch A smal

215-22-5921 Christian S. Michel, ausband, acove

Burial 2.7/56 . Dak Laym Countery Seltimore, Md.

schammer Egneral Haze, Inc.

or. Rathel Santavana | colo Sector Avenue

and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages A should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY

	DIVISIO	N UF STATISTIC	AL RESI	ARCH AND REC				I, BALIIMUR	E 1, MARY	LAND
-	0206			CERTIFIC	AIL	OF DEATH	1		1121	107
1.	PLACE OF DEAT	Baltimo		MARYL		a. STATE	Marylar		Cec	il /
	write RURAL	N (if outside corpora and give nearest tow ille	te limits, n)	c. LENCTH OF STAY	IN 1b	c. CITY OR TOWN (If Cecilton,			RURAL and g	Ive nearest/town)
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In	hospital, give street ad	dress)	d. STREET AOORESS			1	e. IS RESIDENCE
	SPRING	GROVE STAT		SPITAL		none				ON A FARM?
3.	NAME DF DECEASED (Type or print)	Fi	Cora	Middle	St	Last Lgman	4. DATE OF DEATH	Month Febru	ary 6	
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8	. OATE OF BIRTH	9.	ACE (In years IF	UNOER 1 YEAR	R IF UNDER 24HRS
10.	female	white	MIDOME	OIVORCED		Feb. 9, 1	000	last birthday) M yrs.		
dui	ing most of work	ION (Give kind of work Ing life, even If retire OUSEWITE	d) 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C		or foreign country)	12. CITIZEN COUNTR	Y?
13	. FATHER'S NAM	IE .				14. MOTHER'S MAIC	DEN NAME			
	unknow	m				unknown				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITYNO.	17.	INFORMANT		Address		
	inknown	(If yes give war or dates o	2	13-10-6276	Red	cords: SPR	ING GI	ROVE STAT	TE HOS	PITAL
	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).	1					ERVAL BETWEEN
		EATH WAS CAUSED BY		Cardiac fail					ON	SET AND DEATH
	110-	IMMEDIATE CAUSE	(a)	yalulgo lal	LUIO					
	Gandinana M	OUE OUE	TO A	rteriosclero	tio	hoant di so	000			
	Cenditions, If gave rise to		(b)	relingerer	TOTE	Heart GISE	400			
	cause (a), s	tating the OUE	TO							
2	underlying caus		(c)							
CERTIFICATION	PART II. OTHERS	SICNIFICANT CONDITION	ONS CONTRIE	UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL E	DISEASE CON	DITION CIVEN IN PA		PERFORMEO?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 4 work 20f. (City or town) 20f. (City or town)									(State)	
	21. I certif	v that (this hose	ital) atten	ded the deceased fro	nn	Oct. 10 1	965 to	Feb. 6	19 66 t	hat XI) (we) last
		ceased alive on Pe				death occurred at_				
	22a. SICNATU		,			20011, 00001102	,		22b. DATE S	
		1 ,000	Mil	achsler	MO	ATTENDING PHYS.	MEO.	STAFF PHYS.	2-6-66	5
	22c. PHYSICIA		100	000 00.00	111.0.	22d. AOORESS	SPRING		STATE	HOSPITAL
	NAME (T	Stel	la Wac	hsler, M. D.			Baltimo		land 21	

NAME OF CEMETERY OR CREMATORY

VR A15 (4) 20M 1/65 BURIAL, CREMATION, DEMOVAL (Specify)

23b.

DATE THEREOF

DATE B 1 0 1966

LOCATION

25b. RECISTRAR'S SIGNATURE

(City, town or county)

(State)

tie-2 stranger . onerview, mortiform and process of the contract of the contrac words the description of the latest the late Tele C Into 70 Marie a view order delignous associations The second second of the second of the second of the second a see add divine and 20m Oil office and Control of the Control of Control Mark Charles and Section of the Sect History national terrory format I have to the more than the work of the second of the second

FOR STATE eath, If any N, V is necessary, d 3 to the funeral director. Page or retained for your files.

after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02062 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02008

	PLACE OF DEATH				, , , ,	2. USU		NCE (Where		lived, If				edmission
		Baltimore		MA	RYLAND	4. 017	IVI	aryland	1 ,		" Da.	FFTII	nore	
		foutside corporete limit give neerest town)	is,	c. LENGTH OF	STAY IN 16	c. CIT	Y OR TOWN	(If outside co	rporete tim	its, writ	e RURAL end	give n	earest to	wn)
		ngreeen						Longree	en			0	2 -	_ /
		AL OR INSTITUTION (f not in ho	spital, give street	eddress)	d. ST	REET ADDRES					-] e. IS	RESIDENCE
													YEST	A FARM?
	NAME OF	First		Midd	le	L	ast	4. DATE		Mont	h	Dey	Ye	
	DECEASED (Type or print)	John				Si	lgot	OF DEAT	н	2		15	19	66
5.	SEX	6. COLOR OR RACE		ED NEVER MA	PRIED 13 8.	DATE OF			9. AGE (In yeers	IF UNDER 1	YEAR		R 24 HRS.
	2					1 -	2-18	94		rthdey)	Months	Deys	Hours	Min.
	male	white	WIDOW	Brand	RCED			/		yrs.	1	1		
		ON (Give kind of work rking life, even if retire		CIND OF BUSINESS	OR INDUSTR	STRY 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNT							COUNTRY	
						Litauania / USA								
13.	FATHER'S NAME					14. MOTH	HER'S MAIDE	N NAME		1				
		Unknown						Unkn	Olum					
15	WAS DECEASED EVI	R IN U.S. ARMED FOR	CES7 14	SOCIAL SECURIT	V NO 1 17 T	NEODME	RIT	UIIKII	UWII	Address				
		yesgive weror detes of s		JOCIAL JECURII	1.	11	4			~a ales				
3. 1 10a don 13. 15. (Yes	Ves	W.WJ		28-16-50		· He	rino							
1	18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).) INTERVAL BETWEE ONSET AND DEAT													
	PART I. DEATH WAS CAUSED BY, INFO DEATH IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease													
	1100		ALLEI	closcier	orre ca	ratov	ascura	r arsea	ise			-		
	7 - 1	DUE TO												
	Conditions, if eny													
	geve rise to immedi	DI SILIO												
	(a), steting the use cause lest.	nderlying												
_		SIGNIFICANT CONDI	TIONS CO	NITRIBLITING TO D	SATU BUT NO	T DEL ATED	TO THE TERM	AINIAI DISEAS	CONDIT	ION CIV	/ENI INI DADT	1/-31 10	2 4/46	ALITODEY
Ó	PAKI II. OTHER	SIGNIFICANT CONDI	IION3 CO	NIKIBUTING TO L	EATH BUT NO	KELATED	TO THE TERM	WINAL DISEAS	CONDIT	ION GI	EN IN PAKI	1(0) 1:		ORMED?
3												Y	ES X	NO P
H	20a. EXTERNAL CA		Db. DESCI	RIBE HOW INJURY	OCCURED. (E	nier nature	of injury in P	ert I or Pert II	of item 18.	.}				
CER	PRIMARY or CO	NIKIBUTING [
AL	20c. TIME OF INJU	RY Month, Dey, Ye	ar 1 2Dd.	INJURY OCCURR	ED 20e, PLA	CE OF INJU	IRY (Home, fa	arm, 1 20f. (C	ity or town	1)	(Cour	nty)		(Stete)
DIG	Hour e.m.		Whil	eNot While_			office bldg., e							
ME	p.m.	19	et wo	rk et work										
	21. I certify th	at I took charge o	of the ren	nains describe	d above, he	ld an Aut	topsy X	Inspection	n,	Inqui	гу,	and	in my	opinion
	death resulted f	rom: Natural ca	uses X	. Accident	, Suici	ide ,	Homicid	e], U	ndeterm	ined n	nanner			
	1				-/-		HIEF MEDICA	L EXAMINER				•		
	ACTUAL	1105 0	10	ファ	(a l			NED S			-	5 TF	CALLED
	SIGNATURE	of me	111	4	-	M.D. A	22121 VM1 W	EDICAL EXAMI	MEK X		- 1-		ATE SI	GNED
	EXAMINER'S	Werner U. S	Spitz	, M.D.		DE	EPUTY MEDIC	AL EXAMINER			2/1	5/66	0	
	NAME (Type)							t, city, town, o						
220		N. 226. DATE THERE	OF	22c. NAME OF	CEMETERY OR	CREMATO	RY	22d. LOC/	ATION (CI	ly, towr	or country		(51	ete)
	REMOVAL (Specify)	2/2//	16	5+ 5	tanist	2		15a	100	Ma	/			
	FUNERAL DIRECTO	R	06	ADDRESS	UNIST	uus	1 24e. R	EC'D BY REGIS	TRAR 1 2	4b. REC	SISTRAR'S SI	GNATL	HRE	
1	1	0	31	100	Win	SA.	1//	D 1		20				
4	osupe 1	Januar, fr.	1603). (nn	K 6,00	_ ,	DAYA	11 /11	1956	16	Carelo	0.	. And	

VS. A15ME 5M 9 6D

TO DEPUTY INCICAL EXAMINER: This certificate should be executed within 24 hours after please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 at should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 at PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 or its designated agent, prior to burial, cremation, or removal, and in eny event within 72 hours.

Sam Samble & Mary

VR A15 (4)

15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, OF DEATH 00062 CERTIFICATE

UZUUO	OLKIIIIOAIL	OI DEATI		
PLACE DF DEATH a. COUNTY			CE (Where deceased lived, If institution: b. COUNTY	Residence before admission)
BALTIMORE	MARYLAND	a. STATE MARYLAN	D 5. 555KT	1
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	AL and give nearest town)
BALTIMORE		BALTIMO	RE	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
MILFORD MANOR NURSING HO	ME	2628 LO	YOLA SOUTHWAY	YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Lelda		verman	DEATH teb.	6 19 6 6
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X 8.		9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
temale WHITE WIDOWED!	DIVORCED	5/5/1894	// yrs.	
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) IN	ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (C		CITIZEN OF WHAT COUNTRY?
	ALID	10.11	IMORE, MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIL		
MOSES AARON SILVER			E BUCKNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give war or dates of service)		INFORMANT	Address	EQ 0010
NO	NO MR.	REVELON SI	LVERMAN 6117 TALL	ES RUAU
18. CAUSE DF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	4-1	.11	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ventrica la	· tibri	llation	minutes
410 X DUE TO	01 (.	11 1	7	
Conditions, if any, which (b)	Mecimatic	Dear	DISCUSSE EMIS, MI	· Over 504 ears
gave rise to immediate (cause (a), stating the DUE TO			St A.S.	
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE CONDITION CIVEN IN PART 10	a) 19. WAS AUTOPSY PERFORMED?
(avcinoma let	t Preast	a melas		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE Cay cincoma Left	ESCRIBE HOW INJURY OCCUR	RRED. (Enter nature o	f Injury in Part I or Part II of Item	18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. IN		E OF INJURY (Home, f		county) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work	Not while	y, street, office bldg., 6	(C.)	
21. I certify that ((1) (this hospital) attende		1-131	964 to 2-6 , 19	66, that(1) (we) last
saw the deceased alive on 2-6	. 1966, and that	death occurred at	1:15 PM, from the causes and on	the date stated above.
22a. SIGNATURE		ATTENDING		DATE SICNED
Janes Y. Mill	Lan M.D.		MED. STAFF DIRECTOR PHYS.	ib, 6 1966
22c. PHYSICIAN'S NAME (Type)	Miller Ai	22d. ADDRESS	Rd Owings 1	mills md
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify) 2/8/66	HEBREW FRIEND.		BALTIMORE, MAR	RYLAND
24. PUMERAL DIRECTOR	ADDRESS 60/0	1 1 050 05	C'D BY RECISTRAR 25b. REGISTRA	AR'S SICNATURE
of Tagger on & Br	wo Dul	PA. P.DATEE	B 1 1 1968 Milian	les Judge
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ON TOWN . TO SEE THAT I SEE THAT NO. - THE PRINCIPLE STREET, BUT THEE BOAD The second second second second second OLITICAL DESCRIPTION Wall Carly

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02064 OF STATISTICAL RESEARCH

CERTIFICATE OF DEATH

O. D = / \				11101	1	1
USUAL RESIDENCE	(Where de	eceased lived,	If institution:	Residence	before	admissi
a_STATE_		h	COUNTY .			

1	a. COUNTY Baltimo	re		MARYI	LANO	a STATE		re deceased	b. COUNT Ball	itution: Res	idence before	admission)
All	Randall	N (if outside corporat and give nearest town	e limits, n)	c. LENCTH OF STAY		c. CITY OR TOWN				te RURAL a	nd give near	est town)
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in i	hospital, give street ac	ddress)	d. STREET AOORE	ESS				e. IS RI	ESIDENCE FARM?
C	hapel Hi	ll Nursing	Home			3607 Durley Lane						
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. D		Month		Day Y	'ear
	(Type or print)	Abbey		Olivia	S	Lmms	0	EATH	Feb.	19	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	8	DATE OF BIRTH		9. ACE	(In years I	FUNDER 1		
1	Female	White	WIDOWED	OIVORCE		Sept. 4, 1880 By vrs. Months Days Hours M						
10a duri	USUAL OCCUPATING MOST of Work	ION (Give kind of work of ing life, even If retired	ione 10b.	KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE		State, or for	eign country)	COU	ZEN OF WHI	AT
13.	FATHER'S NAM	IE .				14. MOTHER'S N	ALDEN NAM	Æ .				
	John S	chemm				-unknow	A AA	INIL	= BI	ROSE	KER	
15.	WAS DECEASED	EVER IN U.S. ARMED FOI	RCES? 16	. SOCIAL SECURITY NO	. 17.	NFORMANT			Address	S		
(16	no no unkown)	(It yes give war or dates of	Service)		101	4RISTIA	NA.	50	4110	7		
1	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and (c).]		- 11		11112		INTERVAL B	BETWEEN
	PART I. DI	EATH WAS CAUSED BY:		3 m	18 21	H21111	111/12				ONSET AND	DEATH
	4500	DUE :) leuch			100					
	Conditions, If	any which l	(b) S	emility	d	bullow	Dano	Deer	is			
	gave rise to cause (a), s	Immediate (4		1	,			
	underlying caus	o lost	(c) U	eurali'	3 ect	Antes	riaso	cles	uses			
NOI	PART II. OTHER	SICNIFICANT CONDITIO	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	UTING TO DEATH BUT N	OTRELAT	ED TO THE TERMIN	IAL DISEASE	CONDITIO	NCIVENINP	ART 1(a)		AUTOPSY ORMED?
ICAI	C.H	.F.									YES 🗌	NO N
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DINC CAUSE OF DEAT TIFY MEDICAL EXAMIN	H IER)	DESCRIBE HOW INJUR	RY OCCUP	RED. (Enter natur	e of Injury	in Part I o	or Part II of	Item 18.)		7
		INJURY Month, Day,		INJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Hom	e, farm, 2	Of. (City	or town)	(Count	ty)	(State)
MEDICAL	Hour a.r		While		factor	, street, office bld	g., etc.)					
Σ	21 LoortH		at wo		10 M2	1-15-	1965	An.	2-14-	10 66	that (I)	(wa) lack
		y that (I) (this hosp ceased alive on		9 - 19 66, a			,					
	22a. SICNATU		. 0	15-22-, 4	iid tiidt	death occorred	U tomposition I I	, 110111 (1	10 0000000	22b. DAT		30 00000
	(0	eron (lat	le Le	vere	M.D.	ATTENDING PHYS.	MED. DIRECTO	OR P	TAFF HYS.	2 -	-20-1	66
	22c. PHYSICIA NAME (T		VAL	LE CAVET		3629	51.0	evty	Ref	0.		
23a	BURIAL, CREM	MATION, 23b. DATE T	HEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d	. LOCATIO	ON (City, tov	wn or coun	ty) (State)
	REMOVAL (Spo	2/23	166	Lorraine	Cem	terv	Wa	odlav	m	Mo	ryland	4
24.	FUNERAL DIRE		9	ADDRESS	1.1.	25a.	REC'D BY	RECISTRAR	25b. RE	CISTRARIS	SIGNATURE	
3	no no	let telos	1, 7/	udireck+1	- 1	DATE	B 23	1966	fa	iarles	Judge	-

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

U2065 CERTIFICATE OF DEATH									12(17)			
	a. COUNTY	BALTIMORE		MAR)	/LAND	O STATE	TAND here deceased lived, if institute b. COU	NTY	before odmission)			
-	b. CITY OR TOWN (I	f outside corporate limit	s,	c. LENGTH OF STAY I			tside corporote limits, write RU	RAL ond give n	eorest town)			
	write RURAL and	give negrest town) HOWARD		7 DAYS		BALTI	MORE		03-1			
	d. NAME DF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, g	give street address)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
7	VETERANS	ADMINISTR	ATION I	HOSPITAL		2533 SYCAMORE AVENUE						
	3. NAME DF DECEASED	Fi	rst	Middle		Lost	4. DATE Mon	th	Doy Year			
	(Type or print)	HAY	WARD	W.	SI	INGLE, SR.	DEATH FEBRU	ARY 18				
	S. SEX	6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH	9. AGE (In years last hirthdoy)	Months D	EAR IF UNDER 24 HRS. oys Hours Min.			
	MALE	NEGRO	WIDOWED	DIVORCED	٠ ا ا و	TUNE 18, 191		10 02171				
	during most of working l	(Give kind of work done lite, even if retired)	1N	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & Stote, or foreign country) BALTIMORE MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
ŀ	PATNIER 13. FATHER'S NAME		п	OUSE		14. MOTHER'S MAIDEN N		U . 6	D.A.			
1	JAMES SIN	NGLE			7	MARY JO			775			
1	IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 1	SOCIAL SECURITY NO.	INFORMANT Address							
	(Yes, no or unknown)	(If yes give war or dates of	of service) 2.	17 01 4433	CI	IN RECORDS V	A HOSPITAL, F	LAWOH T	RD, MD.			
-		ATH (Enter only one cou		(o), (b), ond (c),)					INTERVAL BETWEEN			
1		H WAS CAUSED BY: IMMEDIATE CAUSE	PPA	NCHOGENIC	CARCI	NOMA WITH	METASTASES TO		ONSET AND DEATH			
1	1621	DUE		AIN AND ME	DIAST	EINAL LYMPH	NODES		1 MONTH			
	Conditions, if ony,		(b)				PERSONAL PARTY					
1	rise to immediate couse (a), stating the underlying couse DUE TO											
	last. (c)											
	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?			
	<u> </u>								YES NO			
		CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OF	CCURRED.	Enter noture of injury in F	Port 1 or Port II of item 18.)					
		MEDICAL EXAMINER) JRY Month, Doy, Yeor	1 204 11	NJURY OCCURRED	200 PLAC	E OF INJURY (Home, form	. 20f. (City or town)	(Count	y) (Stote)			
	20c. TIME OF INJU	1.	While	Not While		ory, street, office bldg., etc.)			(51515)			
		fy that (I) (this has			fram 2/	11/66	9, ta_2/18/6	6 . 19	thata(I) (we) last			
	saw the de	eceased alive on_	2/18/	5619,	and that	death accurred as	:30A M, fram causes	and an the	date stated abave.			
1	22cc SIGNATURE	24. O	2/	1.		ATTENDING	MED. STAFF	22b. DATE	18/66			
	22c. PHYSICIAN'S	CON X	Much	berg	J.M	D. PHYS. L. 22d. ADDRESS	DIRECTOR L PHYS. L	A 6	10/00			
	NAME (Type)		INSBER	G, M, D.			HOWARD, MARY	IAND				
1	230. BURIAL, CREMATIC	N, 23b. DATE TH	EREOF	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. LOCATION (City or To	own) (C	ounty) (Stote)			
0	REMD VAL (Specify)	2-21	-1966	BALTIMO	RE N	ATIONAL	BAITIMORE N	ARYIAN	D			
1	24. FUNERAL DIRECTO			Elro DD BSS W	ilso	n Funeral Riff	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGI	NATURE O			
	8.0.W	elson.		Orleans St	Ba	ltimore DATE Md	FEB 23 1966) fue	arles Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Temove carban papers. Pages 1 and 2 Jany event, within 72 hours after death and campletely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, calor Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS,

	OROGO	CERTIFICAT	E OF DEATH	11/2/11/2
1.			2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	a. COUNTY BALTIMORE	MARKI AND	a. STATE D. COUNTY	BALTIMONE
-	b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
	write RURAL and give nearest town)	2000	130-10-C-1	lam 13-1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital give etreat address)	d, STREET ADDRESS	e. IS RESIDENCE
	Man Man Mat	~	11. 11. 11.	ON A FARM?
-	VILLA MARIA, IVOI	CHCLIFF	ULLAMARIA NOTCHCLI	1 120 E3 NO E3
3.	DECEASED	Middle	Last 4. DATE Month	Day Year
-	SEX 6, COLOR OR RACE 7 MARRIES	1 1011	FFINGTON DEATH [EB	20 1966
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	WIDOWE		1UG 18 1886 79 yrs.	
qn	a. USUAL OCCUPATION (Give kind of work done lob. ring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT
	TEACHER	EDUCATION	THILADELPHIA, TA. L	1.5.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	HOMAS SKIFFIA	GTON	MARY RUSSELL	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 es, no, or unknwn) ((If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	
1	No	5	MARIE PERPETUA-LILLA MAI	RIANORKLIFF
	18. CAUSE OF DEATH [Enter only one cause per	r line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HOL ARDIAL	INFARCTION	DNSET AND DEATH
	DUE TO	700 11.001112		
	Conditions, If any, which	lind necc	TOTAL	
	gave rise to immediate	1		
	cause (a), stating the	ABETES M		
NO.			TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
CAT	With the second with the second			PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCL	IRRED, (Enter nature of Injury In Part I or Part II of Item 1	
CER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
MEDICAL	Hour a.m. Whi	le Not While facto	ry, street, office bldg., etc.)	
Z	p.m. 19 at wo		1) 5 20 -0 6 . 450 30 -0	1
	21. I certify that (I) (this hospital) atter			b, that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE	30 1963, and that	death occurred at 4:30 P.M. from the causes and on	the date stated above.
	22a. SIGNATURE		ATTENDING MED. STAFF	DATE STORED
	22c. PHYSICIAN'S	M.C	D. PHYS. DIRECTOR PHYS. 1 22d. ADDRESS	
	NAME (Type) A.E. WALSH		715 N. CHARLES ST	
22	2 DIDIAL CDEMATION 225 DATE THEREOF	1 220 NAME OF CEMETERS		
23	DEMOVAL (Specify)	23c. NAME OF CEMETERY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
2	BURIAL TEB. 23, 1966	ADDRESS	METERY COLEN FIRM, N 125a. REC'D BY REGISTRAR 25b. REGISTRAN	P'S SIGNATURE
10	MMOUDU CURRAN 817 S	MARYLAND 9	E LUID O MOOD MAL	
113			12A4 DAMPAR 3 19hh Ware	

1966

certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

02013

1. PLACE OF DEATH 0. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTYBALTIMORE						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) HALETHORPE						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SHANGRI-LA NURSING HOME	d. STREET ADDRESS 1820 PARK AVENUE 21227 o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)						
3. NAME OF DECEASED (Type or print) EDITH P. SHAW	Smaw Lost 4. DATE Month Doy Yeor OF DEATH Z - 6 - 19 66						
FEMALE WHITE WIDOWED DIVORCED F	B. DATE OF BIRTH P. AGE (In years of bighdoy) P. AGE (In years of bighdoy) P. AGE (In years of bighdoy) Norths Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) RETIRED	MECKLENBURG CO., VIRGINIA U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
UNKNOWN	UNKNOWN						
(Yes, no. or unknown) (If yes, give wor or dates of service)	NORMANT Address GRASONVILLE, X S. ELINOR W. EDEL, PROSPECT PLANTATION, MD						
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myoca DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last. (c)	rotic Carpievascular Disease						
CAI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO						
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. 11. P. m. 19 While Not while at work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tary, street, affice bldg., etc.)						
21. I certify that I attended the deceased from $8-28-$, 1966, to $2-6-$, 1966, that I last saw the deceased alive on $2-6-$, 1966, and that death occurred at M, from the causes and on the date stated above. ACTUAL BUY CALLE CAVERO MARYLAND PHYSICIAN'S NAME (Type) CESAR VALLE CAVERO MARYLAND							
220. BURIAL, CREMATION, 226. DATE THEREOF 22.C. NAME OF CEMETERY OR LOUDON PARK CE							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HUBBARD FUNERAL HOME, 4107 WILKENS AVE.	21229 DATE BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

May be retained.

TO FUNERAL DIRE

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1 (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
# 10 E	02068 CERTIFICATE OF DEATH	014/
death.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence b a. STATE b. COUNTY	efore admission)
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	Baltimore MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	Mount Wilson 2 noutes 6 days to 2 - 2	ור הדמוחרוומד
72 Pee		ON A FARM?
		Year
w ple	(Type or print) ANNIE M. SMITH DEATH Feb. 2	19 66
executed and com remove c	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER1YEAR F last birthday) Months Days	UNDER 24 HRS. Hours Min.
execute m and co remove in any ev	Female White WIOWED N DIVORCED 7-19-73 92 vrs	
be cian ase in din in	Oa. USUAL OCCUPATION (GIVe kind of work done 10b. KINO OF BUSINESS OR uring most of working life, even if retired) 10b. KINO OF BUSINESS OR 11b. BIRTHPLACE (County & State, or foreign country) 12c. CITIZEN OF COUNTRY?	WHAT
ysic plea	Housewill our hone Edgewall, Hd. U.S.	. 15.
certificate nding physical removal, a		,
cerl ndin	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	-
death certificate be estending physician apermit. Then please region, or removal, and in a	Yes, no, or unkown) (If yes give war or dates of service) no hosp.records, Mt. Wilson St. Hosp	ital
± 5 €	1.18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 1.	AL BETWEEN
si si	PART 1. DEATH WAS CAUSED BY: Arterioscientic Heart disease 3	AND DEATH
의 학생 조	1/2 00	
	Conditions, If any, which gave rise to immediate (b)	
ling beel the r to	cause (a), stating the DUE TO	
tenc tenc as as prio	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	VAS AUTOPSY
N: The law ratence fall or attence has for use as Health prio	Moderately Advanced Pulmonary Tubercules a 21	ERFORMED?
Hez Hez	Moderately Havanced Kulmonary Tyberculosis 002/ YES 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)	No 🔽
cert cert hed t. of	OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSI the h this detacl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work	(State)
NG be be	while at work at work	
OR ATTENDI be retained IRECTOR: A e 3 should ed with the	21. I certify that (I) (this hospital) attended the deceased from 12-3-, 1965, to 2-2-, 1966, that	
Short	saw the deceased alive on 2 - 2 - 1900, and that death occurred at 120 AM, from the causes and on the date 22a, SIGNATURE	stated above.
DR De J	ATTENDING - MED STAFF - 0 0 CA	
may tal control ta	22c. PHYSICIAN'S 22d. AODRESS	
SPI A L I by,	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
7 7 %	REMOVAL (Specify) Burial 2/5/66 Edwards Chapel Parole, A.A. Co.	Md.
0	24. FONERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b COUNTY a. STATE vland Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and giva nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21206 Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 4434 Springwood Ave. ON A FARM? ND V YES NAME DE Middle DATE Month Year DECEASED Henry Smith (Typa or print) DEATH February 19 66 6. CDLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. Jast birthday) white Months Davs Hours /91 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **JNDUSTRY** Balto. Penna. R. Rd. 14. MOTHER'S MAIDEN NAME August Smith Augusta Smith 16. SOCIAL SECURITY NO. 17. INFORMANT Address 717-07-8271 Mrs. Frances A. Smith-4434 Springwood Ave. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gava rise to immediate DUE TD cause (a), stating tha underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO S 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not White factory, street, office bidg., etc.) Hour a.m. Whila at work 66

male 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) CERTIFICATION February 219 January 21. I certify that (I) (this hospital) attended the deceased from. 19 saw the deceased alive on February and that death occurred at 9.30 M. From the causes and on the date stated above. 1966 22a. SIGNATURE 22b. DATE SIGNED ATTENDING -2-66 M.D. PHYS. DIRECTOR PHYS. Ro 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Teodoro 7620 York Rd. Baltimore, Md. 21204 R. Caranga BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) 2/5/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Balto. Oak Lawn (emeteru FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a__ REC'D BY REGISTRAR | Miller Inc-6415 Belair Rd. -21206 DATE

Z IOS 177-11-127 respectively to the contract of the property of the contract of the 17/05 to the fact they excelent the lands of MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

UNKNOWN

YES

(County)

225. DATE SIGNED

warley

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

25a.

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Baltimore,

2/24/66

WAS AUTDPSY

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(State)

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PERFORMED?

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Day

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12. CITIZEN OF WHAT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the n b. COUNTY BALTTMORE MARYLAND MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) e carbon papers. Pag event, within 72 hours FORT HOWARD DAYS BALTTMORE .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 515 CUMBERLAND STREET and completely i remove carbon p n any event, within within NAME OF 3. First Middle Last DATE Month DECEASED (Type or print) JESSE SMITH DEATH FEBRUARY executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months MATE WIDOWED DIVORCED 1898 NEGRO 6 .5 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) ease INDUSTRY UPHOLSTER

13. FATHER'S NAME UPHOLSTERY SHOP AUGUSTA. PHYSICIAN: The law requires that the death certificate GEORGIA ed by the attending phy-transit permit. Then p., cremation, or removal, 14. MOTHER'S MAIDEN NAME removal JESSE R. SMITH NAOMI PRESTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address (Yes, no, or unkown) | (If yes give war or dates of service) 32 4690 YES 218 CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as the prior t ARTERIOSCLEROTIC HEART DISEASE underlying cause last, CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate the hospital 20a. ACCIDENT WAS UNDERLYING r this certif detached for te Dept. of P DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State DIRECTOR: After tage 3 should be de Hour a.m. factory, street, office bidg., etc.) MEDI While Not While p.m. at work at work retained 21. I certify that (It (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 6:05 Me Nom the causes and on the date stated above. 22a. SIGNATURE page : ATTENDING PHYS. STAFF DIRECTOR PHYS. 4 may director, pag should be fill 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NEILSON, NETLON M.D. HOWARD. VAH FORT MARYLAND BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATDRY 23b. DATE THEREDE 23d. LOCATION (City, town or county) REMDVAL (Specify) BURTAL BALTIMORE, BALTIMORE NATIONAL

ADDRESS

KEISON FUNERAL HOME

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FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	02871		CERTIFIC	AIE UF	DEAIL				1	JINU.	16
1. PLACE OF DEATH a. CDUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE Md. b. COUNTRalt:							Residence	before add	nission)		
_	MARYLAND				Md. Baltimore						
	WITTE RUKAL and gi	itside corporate limits, ve nearest town)	6 Mo.		or town (If Reister		corporate limits, 1, Md.	write RURA	L and giv	re neares	town)
	d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address)		ess) d. STRE	d. STREET ADDRESS e. IS RESIDEN						DENCE	
	Dulaney Val	ley Towson N	. Home		413 Ma	in St	•		1	DN A F.	ARM?
3.	NAME DF DECEASED (Type or print)	ary Lavinia	Zepp Smith	L	ast	4. DAT	90	onth eb-	Day 20	Yea 19 (6
5.	F 6. CD		NEVER MARRIED DIVORCED		, 1900		9. AGE (In year last birthda 66 yrs	Months	Days	Hours Hours	Min.
1Da dur	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) industry				11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ CDUN Caroll Co. Md. U.S.A						
13.	FATHER'S NAME			14. MD	14. MDTHER'S MAIDEN NAME						
		uis Lee Zepp	No.	6/	Lola B. Miller						
15 (Ye	. WAS DECEASED EVER IN s, no, or unknown) (If yes;	U.S. ARMED FDRCES?	16. SDCIAL SECURITY NO.	17. INFDRMA	NT	7113	Add	dress			
1,	No (11 yes give wai of pates of service)			Mrs. M	Mrs. Mary M. Dunton, 635 Piccadilly Rd.#4						
	18. CAUSE OF DEATH	[Enter only one cause p	er line for (a), (b), and (c).]		1 .	4 4	-		1 INTE	RVAL BET	WEEN
	PART I. DEATH W	AS CAUSED BY:		· · · desd	west a	lake.	ulias	1	DNS	TAND D	
	IMMEDIATE CAUSE (a) RESULTION INTERFERENCE OBSTRUCTION & MICH.										
	Conditions if any which \ DUE TD \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							.0	. 21.1	1	
	gave rise to immediate				Electrical of colon					ga	
	cause (a), stating the DUE TO							0			
Z	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
티	PART II. OTHER SIGNIFIC	CANT CONDITIONS CONTR	TBUTING TO DEATH BUT NOT	RELATED TO TH	ETERMINALI	DISEASEC	DNDITIDNGIVEN	IIN PART 1(a	19.	PERFOR	
15	Cerebral arteriorcelerosis much kumplegen of YES						s 🗌	ND 🕝			
CERTIFICATION	20a. ACCIDENT WAS UP DR CONTRIBUTING ☐ ((IF EITHER, NOTIFY MI	DERLYING 20b DAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED. (Er	iter natuse o	f Injúry In	Part or Part	ll of Item 1	8.)		
MEDICAL	20c. TIME OF INJURY	Month, Day, Year 200	d. INJURY DCCURRED 20e	PLACE OF INJ	URY (Home, fa	arm, 20f	. (City or town) (Cc	unty)	(\$	tate)
	Hour a.m.		III I I I I I I I I I I I I I I I I I	factory, street,	onice blag., e	tc.)					
Σ	p.m.		work at work to	· Que	12 3 1	0/-5	n teles	2.0 10/	1/2 +h	at (I) (u	tol last
	21. I certify that (I) (this hospital) attended the deceased from fully 3, 1965, to fib 20, 1966, that (I) (we) last saw the deceased alive on fib 1966, and that death occurred at 434 M, from the causes and on the date stated above.										
	22a. SIGNATURE 22b. DATE SIGNED										
	Frederick & Vallencer M.D. ATTENDING W MED. STAFF PHYS. 1 Fab 20, 966										
	22t. PHYSICIAN'S NAME (Type)	REDERICK J.	VOLLMER	22d.	ADDRESS 100 Y	ORK	RO, BA	ALTIM	ORE	Moz	1212
23a	BURIAL, CREMATION, REMDVAL (Specify)		23c. NAME DF CEME	TERY OR CREW	IATDRY		LOCATION (CIt)	/			ate)
	Burial	2,23,66	Druid Ridge			В	altimore	Md/1/1	ESVI	LLE, 1.	10.
24	FUNERAL DIRECTOR		ADDRESS	THE TOTAL	25a. RE	C'D BY RE	GISTRAR 25b.	REGISTRA	R'S SIGN	ATURE	-
	wm. Cook-B	rooks Towson	, Towson, Md.		DATTEB	21	1955 0	Client	. 0	,	
					1 -11-14	-	1	- The state of the	-	The state of the s	-

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02072 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH P.M3. Page

1	02072	MEDICAL EXAMINER	R'S CERTIFICATE	OF DEATH	02018
1.	o. COUNTY Baltimore	MARYLAN	- CTATE	(Where deceased lived, if institution b. COUN	an: Residence befare admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN THE		autside corparate limits, write RUR	AL ond give nearest tawn)
3	d. NAME OF HOSPITAL OR INSTITUTION (IF not 600 8. 46 th Stre		d. STREET ADDRESS 6815 Fa	it Avenue	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) MICH		SMUTKO Lost	4. DATE Manth	3-1966 19 Year
S.	SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 31-	1908 9. AGE (In years 577 irthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
du	oa: USUAL OCCUPATION (Give kind of wark dane uring mast of working life, even if retired) Sanitation Dept.	10b. KIND OF BUSINESS OR INDUSTRY Baltimore C1		lvania	12. CITIZEN OF WHAT COUNTRY?
1;	3. FATHER'S NAME Not kno	wn	14. MOTHER'S MAIDEN	known	
()	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknawn) (If yes give war or dotes of	service) 16. SOCIAL SECURITY NO. 167-01-962	17. INFORMANT 4 Wife, Mrs	· Margaret Si	
	18. CAUSE OF DEATH (Enter only ane cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE To Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.	aspirate	in Pre	umaria m	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature af injury in	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m p.m. 19	2Dd. INJURY OCCURRED 20e While Nat While at wark at work	e. PLACE OF INJURY (Hame, for factory, street, affice bldg., etc		(County) (State)
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Theodor	of the remoins described above causes Accident Accident C. Patterson	Suicide, Homicid CHIEF MEDICAM.D. ASSISTANT MEDICA DEPUTY MEDICA	e, Undetermined mo at EXAMINER COLAL EXAMINER Feb CAL EXAMINER Feb Median, Starty) Duna	• 4-1966 DATE SIGNED dalk, Md. 2122
		7-1966 Gardens	of Faith	23d. LOCATION (City or Town	Md
1	JOHN J. DUDA, Dur	ndalk, Md. 2122	25a. REC	(3/24	SISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's **TO FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File pages

5 may be retained far your files.

TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours after death. If

Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting.

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	MAR' DIVISION OF STATISTICAL RESE	YLAND STATE DEL			TIMODE 1 A	AA DVI A NI	n
	02073	CERTIFICATI		· ·	-11mone 1, n	020	(15
1.	PLACE OF DEATH a. CDUNTY Baltimore	MARYLAND	a. STATE Maryland	CE (Where deceased live	ed, If Institution: R b. COUNTY	Residence befor	e admission)
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate li	mits, write RURAL	end give nea	rest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nenital alva etraet address)	Baltimos	re	30-	1 8 15 1	RESIDENCE
	St. Joseph Hospital	ospital, give street eduress/		Bekvedere	Ave.		A FARM?
3.	NAME OF First DECEASED (Type or print) Melvin John S	Middle	Last	4. DATE OF DEATH F	Month	Day	Year 9 66
5.	SEX 6. COLOR DR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (II	years IF UNDER	1 YEAR IF UN	DER 24 HRS.
	Male White WIDOWED	DIVORCED	Jan. 1, 19:	10 56	yrs.	Days Hou	
dur		NOUSTRY A. R. R.	11. BIRTHPLACE (C Balti Marvla	ounty & State, or foreign	n country) 12. C	ITIZEN DF WI DUNTRY?	HAT
13.	. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME			
	LAwrence C. Steve	ns	Mary	Jochheim			
15 (Ye	es, no, or unkown) (If yes give war or dates of service)		INFORMANT Sie Kenne	dy Steve	Address	e, abo	ove
	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]				INTERVAL ONSET AN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirr	chosis of liver		E-17 E-174		ONGET AL	
	5810						
	conditions, if any, which (b) BLE	eding esophage	al varices				
	cause (a), stating the	nfluent broncho	-pneumonia.	bilateral			
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBI		-		IVEN IN PART 1(a)	PERI	AUTDPSY FORMED?
IFIC	2Da. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED (Enter nature o	f injury in Part I or I	Part II of Item 18	YES 2	ND
	DR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						(0)-10)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, fary, street, office bldg., e		town) (Col	unty)	(State)
	21. I certify that (I) (this hospital) attend	led the deceased from Ja	n. 27 ,1		. 4 , 19	6, that (I	(we) last
	saw the deceased alive on Feb. 4	19 <u>66</u> , and that	t death occurred at 1	9:3M, from the			ted above.
	228. SIGNATURE De Soundal	^ -	ATTENDING	MED. STA		ATE SIGNED	2011
	22c. PHYSICIAN'S	M.D	PHYS	MED. STA	s. A Febru	uary 5.	1966
	NAME (Type) Govindo Rao,	M.D.		rk Road, 21	204		
232	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	unty)	(State)
	Burial 2/8/00	Parkwood Ce		Baltin	more, Mo		
24		me. Inc.	_		25b. REGISTRAR	'S SIGNATUR	
	3331 Brehms Lane		DATE	Ib 7' 19\$	6 Julian	res yu	dge

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J. Wigney C. Sievens

TOTAL DESIGNATION OF STREET

717-07-256% Elsig Konnedy Statens, wife, above

HILLOUDING CONTRACTOR Basilian

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Burial 2/8/00 Parkwood Cametery Baltimore, Nd.

diffuence Poneral to e, [. .. 3331 Breams Late

	MARYLAND STATE DEPARAL RESEARCH AND RECORDS, 30			IMORE 1,	MARYLAND
02074	CERTIFICATE (OF DEATH			020
PLACE OF DEATH	2.	USUAL RESIDENCE	(Where deceased lived,	If Institution:	Residence before

1. PLACE OF DEATH e. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 7,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 7				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7110 Rockridge Road	d. STREET ADDRESS 7110 Rockridge Road 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\frac{1}{2} \)				
(1) po or printy	tevenson 4. DATE Month Day Year Stevenson Death February 28, 19649				
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	July 23, 1906 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Isst birthday) Months Days Hours Min. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Carroll County, Md. U.S.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Claude T. Matthews	Eurydice Shaeffer				
AM	INFORMANT Address				
No No Ge	eorge E. Stevenson, 7110 Rockridge Rd.				
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED? YES NO C				
	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20e. p.m. 19 While Not While at work at work 20e. p.m.	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2 27 1966, and what are supported to the deceased from 1966, and the deceased from 196	t death occurred at 2 PM, from the causes and on the date stated above.				
Manh S Culm M.C. 22c. PHYSICIAN'S NAME TYPE DANK (F. 16 UETAN)	ATTENDING MED. STAFF				
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Burial March 3,1966 Dulaney Valle 24. FUNERAL DIRECTOR ADDRESS	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)				
J.F.Eline & Sons, Reisterstown, Md.	DANTAR 3 1966 Jelianles Judge				

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A.T. Elline & Dane, bel oteratorn, Da. T. B. S. B.

Claude T. database

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formers director, page 3 should be detached for use as the burial-transit permit. Then please Temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and he are event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4,	02075	CERTIFICAT	E OF DEATH	02022	,
1.	PLACE OF DEATH a. COUNTY	MARYLAND	3. STATE arisla	ved, If Institution: Residence before admis b. COUNTY	
	b. CITY OR TOWN (If outside corpora write RURAL and give nearest to	ate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	Imits, write RURAL and give nearest to	own)
	1 , 1 , 1 4	ION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDE ON A FAR	
3.		First Middle	Last 14. DATE	Month Day Year	X
	DECEASED (Type or print) Haze	1 Strail. No.	Stratton DEATH	2 9 196	
5,	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (last b) 78	Irthday) IF UNDER 1 YEAR IF UNDER 24 Hours IF UNDER 25 Hours IF UNDER 25 Hours IF UNDER 26 Hours Hours IF UNDER 26 Hours Hours Hours Hours Hours IF UNDER 26 Hours Hou	HRS Min.
	a. USUAL OCCUPATION (Give kind of working most of working life, eyen if retire	ed) INDUSTRY	11. BIRTHPLACE (County & State, or forel		
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Laris Step	eley	Janie 741	ng	
(Y	5. WAS DECEASED EVER IN U.S. ARMEO Fi es, no, or unkown) (If yes give war or dates	of serife) 214-01-6027 Mr	. Seybert B. Stratton	same address	
		one cause per line for (a), (b), and (c).]		INTERVAL BETWI	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	E (a) neumone	<u> </u>	2 day	12
	Conditions, if any, which	(b) arterioscler	ones - generals	rad Than)
	gave rise to immediate cause (a), stating the underlying cause last.	E TO (c)			
ATION			ATED TO THE TERMINAL DISEASE CONDITION	PERFORME	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEV (IF EITHER, NOTIFY MEDICAL EXAM)	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or		X
			OF INITIDA (Ilean I Cold (Olb) or	town) (County) (Stat	40)
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	While Not While	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	town) (County) (Stat	(6)
	21. I certify that (I) (this hos saw, the deceased alive on	spital) attended the deceased from E	t death occurred at 3254M, from the	causes and on the date stated at	
	220 SIGNATURE	Williams M.	ATTENDING MED. ST	AFF 22b. DATE SIGNED	,
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	Marland	
23	REMOVAL (Specify)	THEREOF 23c. NAME OF CEMETER 1966 Lorraine M		(CIPY, town or county) State	3)
2	4. FUNERAL DIRECTOR	ADDRESS m		25b. REGISTRAR'S SIGNATURE	
h	In A Tichner or	- Some worth et	a. DATE FEB 14 198	6 fillances Judge	

VR A15 (4) 15M 4-64

COLEUS Russ Paster 7 mar Fee Light Farming Hanne 1203 arlands and A section of the last of the l 6-15-1887 78 Pannagloon a van. Chathing Buiger days duply James towns 214-01-627

MARYLAND STATE DEPARTMENT OF HEALTH

02076	N OF STATISTIC	AL KESE	CERTIFICAT	E OF DEAT		DALIIMUKI	e I, MARTI	2023
a. COUNTY	H Baltimore		MARYLAND		NCE (Where deceased	b. COUNTY		
b. CITY DR TOW Write RURAL Catons	/N (if outside corporat and give nearest tow VIIIe	imits,	c. LENCTH OF STAY IN 1b 5mth27dys	c. CITY OR TOWN (Dundalk	If outside corpora	te limits, write	RURAL and giv	re nearest town)
	SPITAL OR INSTITUTION ROVE STATE	HOSP:	spitai, give street address	11	s nool Lane			ON A FARM?
B. NAME OF DECEASED (Type or print)	Fir Ida	st	Middle Su	Last	4. DATE DF DEATH	Month Febru	Day	Year 19 66
female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	_ las		LINDER 1 YEAR	Hours Min.
luring most of work	TION (Cive kind of work of king life, even if retired Gwife	one 10b. Ki	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or f	oreign country)	12. CITIZEN COUNTRY U. S.	OF WHAT
15 WACDECEACED	Alexa	OFFER L SE	Powichroski SOCIAL SECURITYND. 17.	14. MOTHER'S MA unkno		Address		
Yes, no, or unkown) unknown	(If yes give war or dates of	service) 216	unknown R		# PPER 7	406 Sc	hool L Host	ane.
PART I. DI 450	EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) Ar	ne for (a), (b), and (c).]	s, generaliz	zed and se	vere		RVAL BETWEEN ET AND DEATH
Cenditions, If gave rise to cause (a), s underlying caus	Immediate tating the DUE	b) fD (c)						
	*		Malnutritic	on			YE	WAS AUTDPSY PERFORMED?
DR CONTRIBUT	WAS UNDERLYING INC CAUSE OF DEAT TIFY MEDICAL EXAMIN	H ER)	ESCRIBE HOW INJURY OCC	CURRED. (Enter nature				
Hour a.	INJURY Month, Day, 1 m. 19	ear 2Dd. If While at work	Not While fact	ACE DF INJURY (Home, tory, street, office bldg.,	, etc.)		(County)	(State)
	ceased alive on		d the deceased from 28 19 66, and th	Aug. 31 at death occurred at	a. MED.	he causes an	, 19 <u>66</u> , the date on the date 22b. DATE SIG	CNED
22c. PHYSICIA NAME (T		la Wach	sler, M.D.	22d. ADDRESS	SPRING Baltimor	GROVE	STATE	HOSPITAL

NAME OF CEMETERY OR CREMATORY

Chester St

HOLY

Inc S.

Maryland

LOCATION (City, town or county)

tery Baltimore

DATE

21228

(State)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and to any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL VR A15 5 (4) 1/65

23a.

BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Specify)

Burial 3/4/66

John M. Weber & Sons 401

SLESVED DOLLARS TO COLOR Little Little Contact METERS. www.distanting.com likecriolwol relimental attacks A DESCRIPTION OF THE PROPERTY OF THE PROPERTY

Note the Constant Advantage Constant Antiferry To. Mil. Nobel & Sons Age Charter St. Charter St. Charter St.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Or	SIMIISTICAL KESEMACTI A	TITL	KECOKD	3	DWFIIL
	CERTIFICA	TE	OF I	DE/	ATH

02024

1. PLACE OF DEATH O. COUNT BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	b. COUNTY RALT	e befare admission) IMARE
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION VORK RO		d. STREET ADDRESS OD YORK RE	AD	e. IS RESIDENCE ON A F RM? YES NO
3. NAME OF DECEASED (Type or print)	TROYER	SUTTON 4. DATE OF DEATH	. 60.00	13 1966
5. SEX 6. COLOR OR RACE 7. MARY WIDOW		JUNE 28, 1884	1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	Agnowhure	STRY 11. BIRTHPLACE (Stote or foreign of	ountry) 12.CITIZ	LEN OF WHAT COUNTRY?
13. FATHER'S NAME LUTHER SUTTON)	14. MOTHER'S MAIDEN NAME ALYERTA	TROYER	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		AGGIE LOVIE SUTTO	N. ODYOCK R	SD MONKION
18. CAUSE OF DEATH [Enter anly one cause per limited of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ARCIMATOSS.	generalized		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	O Carciona			Granths.
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Par	rt II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a. m. While p. m. 19 of war	Nat while fo	ACE OF INJURY (Hame, form, 20f. (City ctory, street, office bldg., etc.)	y or town) (Co	ounty) (Stote)
21. I certify that (I) (this haspital) attends saw the deceased alive an FER12		E 60	FEB 13 , 1966 the causes and an the	that (I) (we) last date stated above.
220. SIGNATURE HOUNGE	orblo	M.D. ATTENDING MED. DIRECTOR D	STAFF PHYS.	22b. DATE SIGNED 2 13 66
22c. PHYSICIAN'S NAME (Type) Henry L. M. Co	ekle md	JARRETTSUIL	LE AKE F	hoonix Md
230. BURIAL, CREMATION, 23b. DATE THEREOF SELECTION 2/16/1966	23c. NAME OF CEMETERY C CHESTNUT	4	RION (City, town, or county) RSON VILLE	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGIS	TRAR 25b, REGISTRAR'S SIG	

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papers. Pages 1 a within 72 event, any physician a please re = attending phy ermit. Then p in or removal. the att. cremation. burial-transit burial, cremat ò signed | been sig the buri as the l has for use Health r this certificate betached for use to Dept. of Health be de State After P page

attending physician. the hospital or PHYSICIAN: OR ATTENDING be retained by O FUNERAL DIRECTOR: A director, page 3 should should be filed with the may HOSPITAL director, p 4 TO HOST VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 V1661 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO NAME OF Middle First Last DATE Month Day Year DECEASED (Type or print) DEATH 1906 ALLL 6. COLOR SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours | Min. NEVER MARRIED WIDOWED X DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Interior FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1966. that (1) (we) last M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SIGNED 22b. ATTENDING MED STAFF PHYS DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. **ADDRESS** NAME (Type BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S DEATH CERTIFICATE OF PLACE DE DEATH HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND lay is Cessary, 3 to the funeral Page 5 may be Department after death. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR e. IS RESIDENCE INSTITUTION (If not in hospital, give street address) ON A FARM? State hours YES 2, and PM3. F Year DATE Month NAME OF Middle OF DECEASED the DEATH 196 (Type or print) Within with vears | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE AGE (In NEVER MARRIED last birthday) Months Days Hours after death. WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN DE WHAT in pencil in Item 18. Give Examiner's Office along with during most of working life, even if retired) Ore I'S NAME pages in any 13. FATHER EXAMINER: This certificate should be executed within 24 hours a certificate, writing the word "pending" in pencil in Item 18 File 15. WAS DESEASED EVER IN U.S. ARMED FORCES?
(Yes, pr.) of unknown) | (If yes give war or dates of service) INFORMANT Address permit. I INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per Hae for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) the word "pending" the Chief Medical DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the B underlying cause last. (c) used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY CERTIFICATION PERFORMED? NO A YES the certificate, writing the should be forwarded to DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Pia CAUSE OF DEATH. 3 should (County) (State) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER your Page 4 O DEPUTY MEDIC its execute DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE director. Pag retained for y 0 FUNERAL I DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) CEMETERY OR LOCATION (City, town or (State) BURIAL, CREMATION, PREMATORY of 0 VR A15ME 3500 4-64

ASONO - PARTIES ENGINEERS ENGINEERS AND AGE - PROSE THE RESERVE OF THE PARTY OF THE THE RESIDENCE OF THE PROPERTY The Descript to Descript the Description and the second and th

	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
9 02080 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 02027
1. PLACE OF DEATH a. COUNTY Brita. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carparate limits write RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RAYNOND J. MIDDER MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	Lost A. DATE OF DEATH Day Year 19 CC B. DATE OF BIRTH P. AGE (In years last birthday) Adaptive Manths Adaptive Manths Manths Day Year 19 CC Manths Day Haurs Min.
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
J. Laris Thatheres	14. MOTHER'S MAIDEN NAME TRATTIVESINE Friendsch
YS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) (If yes give war or dotes of service) 216369799	informant Lizhachers mer (Same
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave)	y artury Brewse ONSET AND DEATH
rise to immediate couse (a), stating the underlying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?

20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

PRIMARY Or CONTRIBUTING 1-2U. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED Not While

20e. PLACE OF INJURY (Hame, farm, foctory, street, affice bldg., etc.)

20f. (City or town)

Inspection X

(County)

(State)

and in my apinian

NO

21. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Natural causes Accident

CHIEF MEDICAL EXAMINER

Suicide

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Hamicide

22. DATE SIGNED

NAME (Type) BURIAL, CREMATION REMOVAL (Specify)

ACTUAL

SIGNATURE

EXAMINER'S

Hour o.m.

CERTIFICATI

MEDICAL

23b DATE 66

NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION (City or Town) 29, Md Balto.

Undetermined manner

(County) (State)

Edmond soll ve

2Sa. REC'D BY REGISTRAR DATE B 1966

Address (Street, city, tawn, or county)

2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5)

TO DEPUTY

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TO HOSPITAL CHARTENDING PHYSICIAN: The law requires that the death certificate be executer, within 24 hours after death. Page 4 The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tracking by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	MARTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLANI
00004	CEPTIFICATE OF DEATH	119

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a. COUNTY	rn Baltimere		MARYLANI	e. STATE	RESIDENC Maryl	_	eceasad lived, If b. COUN	institution, R			(mission)
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOW write RURAL and give nearest town)							oreta limits, write	RURAL and	give neere	st town	1)
Tows			2 MONTHS		monium				03	- /	1
d. NAME OF HOS	PITAL OR INSTITUTION (if not in hos	spitel, give streat eddress)	d. STREE	T ADDRESS				0.		SIDENCE FARM?
Chesapeake Manor Nursing Home					Lochv	iew Te	errace		YE		NO 🖸
3. NAME OF DECEASED	First		Middle	Lest		4. DATE	Montl	h	Dey	Yeer	
(Type or print)	Alice		Matilda	Thomas		DEATH	Feb	. 3	3	19	66
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. DATE OF BIL	RTH	9	. AGE (In years lest birthday)				24 HRS.
Female	White	WIDOWE		Feb. I	6, 187	6,	89 yrs.	Months [Deys Ho	urs	Min.
10a. USUAL OCCUP	ATION (Giva kind of work working life, even if retire	1Db. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (County	y & Stete, or	foreign country)	12. CITI	ZEN OF WH	IAT CO	SYNTHUC
Vice-Pre:			me Steel	Bal	timere	. Mary	vland	I	J.S.A.		
13. FATHER'S NAME					'S MAIDEN N						
George Ki	nox Peregoy			Mar	ia Ada	ms					
	EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17	7. INFORMANT			Address				
no, or unkown)	(If yes give we ror detes of s	ervice)	.9-16-4724 (Charles W	Them	as	309 Lo	chvie	Terr	ace	
18. CAUSE OF	DEATH Enter only one				4.1				INTERVA		
	ATH WAS CAUSED BY:	(0/1	A mia mi	1100	di	tin			ONSET	AND D	EATH
441	IMMEDIATE CAUSE (e)	0	and my	jour	an	uw_			18	y	ears
Canditions if a	DUE TO	(157	Drieda Doig	to 1 0.	, how	Para i	o C-Vd	1100 .0		0	
Conditions, if a	diete ceuse	COCK	enoucen	ric ai	yerr	ence	ec ou	MAN CHIL		1	
(a), stating the	underlying DOLTO	into	1 2010.	- 66	1	. To	7	0			
cause fest.	SIGNIFICANT CONDI	CLAUL TIONS COL	NTRIBUTING TO DEATH BUT	NOT BELATED TO	TUETERAIN	ALDESASS	MMULA	V NU	mea	IAS AL	ITOREV
PARTIL OT	C C CONDI	A COI	TIKIBOTING TO DEATH BUT	2 1 1	THE TERMINA	AL DENSE	CONDITION GIV	EN IN PAKI		PERFOR	RMED?
5	Dealy	ells	mes	lu	us				YES	_ r	NO X
OR CONTRIBUTION	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	IRED. (Enter neture	of injury in Pe	ert I or Pert I	I of item 18.)				
20c. TIME OF IN		er 20d. While	eNot While	PLACE OF INJURY fectory, street, offi			y or town)	(Cour	ty)	(:	State)
				1200	281	54	ER	3 10/	da	(1) (- A 1
	ased alive on.	all allen	ided the deceased (ro	//		AM. Iron		3, 194			
220 SIGNATUR		0~	00	ATTEND	ING M	ED	STAFF	3	1		DATE
22 /24/21/21	(c) Ta	ev o	rea	M.D. PHYS.	-	RECTOR	PHYS.	13	57	5 6	166
22c. PHÝSICIAN NAME (Typ		ARE	BOLD M.D	47	06 Ho	erfa	rd Ro	al	130	le	mark
	TION, 236. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CREMATO	RY	284. LOC	ATION (City, to	wn or county	1/100	S	Rodan
Entombmen		1966	Lorraine May	usoleum		Balt:	imore, M	arylar	nd	0	
24 FUNERAL DIRECTO			ADDRESS		25a. REC'	D BY REGIS		GISTRAR'S S			
WIII. GOOK⇔	Brooks Towso)11	1050 York Ro	a •	DATE- B	8 1	956 82	Elianle	y Coople	46	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	02082		122	CERTIF	ICAT	E OF DEAT	H	02	(129 - / L
1.		IMORE			YLAND	a. STATE	IARYLAND	OUNTY"	
	FORT HO			c. Length of sta 76 DAYS			f outside corporate limits	write RURAL a	and give nearest town)
		TAL OR INSTITUTION			address)	d. STREET ADDRESS			e. IS RESIDENCE DN A FARM?
3.	NAME OF	S ADMINISTR First		HOSPITAL		1431 N.	FREMONT AVENU		YES ND X
	DECEASED (Type or print)		ARD	Middle	יוף	HOMPSON	4. DATE M. OF DEATHER BRUAF	onth OV	Day Year 23 19 66
5.	SEX 6			NEVER MARRIE		B. DATE OF BIRTH		rs IF UNDER 1	YEAR IF UNDER 24 HRS.
10	MALE	NECRO N (Give kind of work dor	WIDOWED	DIVORCE		MAY 2, 1898	67 yrs	i.	Days Hours Min.
auı	ing most of working	(life, even if retired)	IND	D OF BUSINESS DI USTRY		11. BIRTHPLACE (County & State, or foreign cou	COL	IZEN DF WHAT UNTRY?
13	RUCK DRIV	ar	JURRIUG.	KING COME	PANY	REISTERS 1	OWN, MARYLANI DEN NAME) U.S	3.A.
	ALLAN T					ELLA SI	MMS		
15 (Ye	es, no, or unkown) (1	ER IN U.S. ARMED FORC f yes give war or dates of se	rvice)	CIAL SECURITY NO		INFORMANT		dress	
	YES	WW I		8 05 2491		IN.RECORDS,	VA HOSPITAL,	, FT HOW	
	PART I. DEAT	ATH [Enter only one c H WAS CAUSED BY:				MAL OF TIME			ONSET AND DEATH
	165x	MMEDIATE CAUSE (a)	PIETAC	STATIC CA	MULINE	MA OF LUNG			Unknown
	Cenditions, If any								
	gave rise to im cause (a), stati	imediate (
NO	underlying cause I		CONTRIBUTI	NG TO DEATH BUT	NOT DELA	TER TO THE TERMINAL	DISEASE CONDITION GIVEN		Lea Husa surranav
CATE	, ist in on the condition	WITCH CONDITIONS	ODMINIDOTI	NG TO DEATH BUT	NUI KELA	IED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ERTIFI	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DES	SCRIBE HOW INJU	RY OCCU	RRED. (Enter nature o	f Injury In Part I or Part I	I of Item 18.)	YES X NO
AL		URY Month, Day, Yea		JRY OCCURRED I	20e. PLAC	E OF INJURY (Home, f.	arm. 20f. (City or town)	(Coun	ty) (State)
/EDIC	Hour a.m.	19	While at work	Not While at work	factor	y, street, office bldg., e	etc.)	(ooun	(State)
		hat (1) (this hospita			rom	12/9/65 1	9, to2/23/6	6 . 19	that 10 (we) last
	saw the decea	sed alive on 2/					:05 M, from the caus	es and on the	e date stated above.
	22a. SIGNATURE	11.41	= C	reer		ATTENDING	MED. STAFF	_	TE SIGNED
	22c. PHYSICIAN'S NAME (Type)			T.	M.D.	22d. ADDRESS	DIRECTOR PHYS.		23/66
		THUTTENOS	F. AWA	LT, JR.,	M. D	• VAH FO	RT HOWARD, MA	RYLAND	
23a	REMOVAL (Specif	ION, 23b. DAYE THE	REDF	23c. NAME OF CI			23d. LOCATION (CIty		**
24			,1964	BALTIMO		1 25a. RE	BALTIMORE C'D BY REGISTRAR 25b.		
	A dolphus	Halstead			RAL	HOME FE	3 2 8 1956 /	Marie	Lings
-			William William	NASS BUALL	DA.	EIL EMORT			

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LANGEBOR E. AMAJE, JR. M. D. U. VAR PORT HOWARD, MARYEAU D.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STÄTISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0000	O LICITION I	- OI DEAIL	The state of the s	UNI	JUU				
1. PLACE DF DEATH a. COUNTY			CE (Where deceased lived		Residence before a	dmission)			
Baltimore	MARYLAND	a. STATE Ma:	ryland b	. COUNTY An	ne Arund	iel			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corporate ilm						
atonsville	10yrl0mth20dy	Annapol:	is. Marvlan	d	02-	7			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET AODRESS	is, Marylan	•	e. IS RES	SIDENCE FARM?			
SPRING GROVE STATE HOSPI	TAL	Agahas	rt-Annapoli	Roade	YES [NO 🗌			
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Ye	ar			
(Type or print) Thomas		Thrift	DEATH	February		66			
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	B. DATE OF BIRTH	9. AGE (In	years IF UNOER thday) Months	1 YEAR IF UNDE	R 24 HRS			
male white WIDOWED	DIVORCED	Feb. 1, 188	84 81	yrs.	Uays Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	county & State, or foreign	country) 12. C	ITIZEN OF WHAT	ſ			
farmer		Virginia		U.					
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	341.00					
James		Nana							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S' (Yes, no, or unkown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17.	INFDRMANT		Address					
unknown 21	6-18-5459 F	Records: SI	PRING GROV	E STAIR	HOSPITAL				
18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]				INTERVAL BE				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerel	brovascular ac	cident			ONOCI AND				
4200 OUE TO									
Conditions, If any, which gave rise to immediate (b) Art	eriosclerotic	heart disea	130						
cause (a), stating the OUE TO									
underlying cause last. (c) Ge)	neralized arte	riosclerosi	s			UTODOV.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT Chronic brain syndrome OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					19. WAS AU PERFOR	RMED?			
Chronic brain syndrome	e associatedwi	th circulat	ory disturb	ance	1,000	NO [
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	RRED. (Enter nature o	Injury in Part I or Pa	irt II of Item 18)				
	JURY OCCURRED 20e. PLA	OF OF INTERVALORS &	1 205 (01)	(00	(1)	State)			
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While p.m. 19 at work	Not While factor	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or to	iwn) (Cot	unty) (State)			
	at work	\(\frac{1}{2}\)							
21. I certify that 04 (this hospital) attended		March 11	9 55, to Feb.		56, that 62 (
saw the deceased alive on Feb. 3	19_66, and that	death occurred at		auses and on t	the date stated ATE SIGNED	d above.			
	aclester M.D	ATTENDING -	MED. STAFF						
22c. PHYSICIAN'S	acusus M.D	22d. AOORESS S	SPRING GROV		1-66 E HOSPI	TAT			
NAME (Type) Stella Wachsle	er, M. D.		Baltimore,			TWD			
23a. BURIAL, CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (tate)			
REMOVAL (Specify)	U. of Mad. Med			imore,	Md.	A.L.			
24. FUNERAL OIRECTOR	ADDRESS		C'D BY REGISTRAR 2	5b. REGISTRAR					
Spring Grove State H	osp.	DATE	1 1 0 1000		n Vanna				

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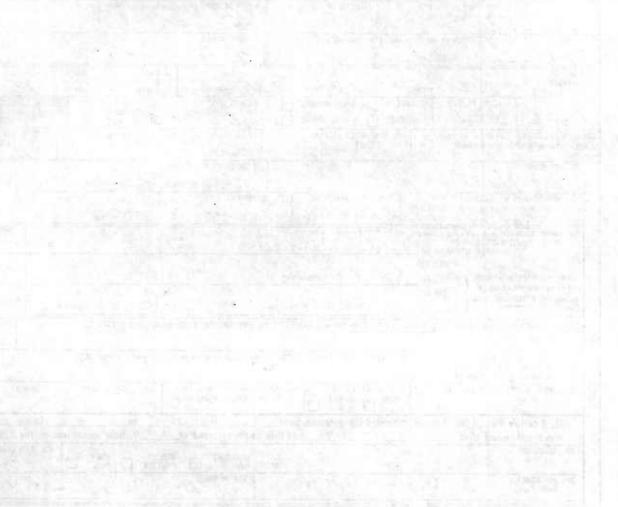
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2	2		02084	CERTIFICATE	OF DEATH	02	2031
funeral funeral s 1 and 2	M		PLACE OF DEATH D. COUNTY 3	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	sed lived, if institution: Residence b. COUNTY	before odmission)
s after the dages			o. CITY OR TOWN (If outside corparate lim write SURAL and give nearest town)	nits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpore	ite limits, write RURAL and give r	nearest tawn)
within 24 haurs after death tely filled in by the funeral ban papers. Pages I and within 72 hours after death		-	1. NAME OF HOSPITAL OR INSTITUTION (IE	not in haspital, give street address)	d. STREET ADDRESS 31 Anena	e Pel.	e. IS RESIDENCE ON A FARM? YES NO
ed within 24 I			NAME OF DECEASED Type or print)	First Middle	Policias 4. DATE OF OEATH	Feb. 1	Doy Year
executed with campletely hove carbar		-	emale Ithite	WIDOWEO DIVORCEO	Oct, 10,1925	40 yrs.	Doys Haurs Min.
		duri	USUAL OCCUPATION (Give kind of work dor ng most of warking life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fo		VEN OF WHAT
ing physicon and the ple se removed		(Pay Hartm	nan		mon	
en	5	1S. (Ye	WAS DEEFASED EVER IN U.S. ARMED FORCES s, na, ar enknawn) (If yes give war or date		Husband (lame as	ahove)
- O) +			IB. CAUSE OF OEATH (Enter only one of PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUS	80	dera		ONSET AND DEATH
equires that the physician. signed by the burial-transit burial creman			Conditions, if any, which gove	UE TO Premonia			3 days
e law requested in the sign of the sign of the business of the			rise to immediate couse (a), stating the underlying couse last.	UE TO Generalised concern	forceous - 2 NOTO	cerebral	send os.
the start		CATION	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMEO? YES NO
三年 细工生	5	IL CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.			
0 = t = 0)	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur o.m. p.m.	9 While Nat While at wark at wark	ACE OF INJURY (Hame, farm, tory, street, affice bldg., etc.)	(City or town) (Count	
==			21. I certify that (I) (this he saw the deceased alive an_	aspital) attended the deceased fram	at death accurred at 83 M	a 2/10, 1960 A, from causes and on the	∠, that (I) (we) last e date stated above.
8 3 H 8	/		220. SIGNATURE	SQN M.		STAFF 22b. OAT	E SIGNEO
FRAL DII			22c. PHYSICIAN'S NAME (Type)	PLATT MD.	22d. ADDRESS 406 EASTERN	BUND. ESSE	x, nd
Foge 4 may 10 FUNERAL Control of the	R	1	BURIAL, CREMATION, 23b. DATE 1	4/66 Belair 11	Tremoval (x	elair G	County) (Stote)
VR A15 (4	1.8	24	FUNERAL OIRECTOR	Jac D. ADDRESS Rock	250. REC'D BY REGISTI	RAR 25b. REGISTRAR'S SIG	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages J and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afferd with.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
กรกลร	CERTIFICATE OF DEATH	02039

02000	- 4:	UNUUC
1. PLACE OF DEATH a. CDUNTY Baltimore MARYIAND	2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY R	
WARTERIO	d	ltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Chesapeake Manor Nunging Home	542 Park Avenue	ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) Ethel Isennock Trapp	DEATH February 20	
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	
Female White WIDDWED DIVDRCED	Feb. 23. 1892 73 yrs.	Days Hours Min.
1Da. USUAL DCCUPATION (Give kind of workdone 1Db. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN DE WHAT
during most of working life, even if retired) Housewile Oun Home		OUNTRY?
13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	DH
(harles Isennock	Francis	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address	
	amily records	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	MILLAY RECORDS	I INTERVAL BETWEEN
	ARCINIOMA	DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: METASTATIC C	THE CT TO THE	2 MOS APP.
DUE TO DO SALLA COMO	- DON- PEAS	
Conditions, If any, which	a) OF PANCREAS	
gave rise to immediate (cause (a), stating the DUE TD		
underlying cause last. (c)		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART III. DTHER SIGNIFICANT CONTRIBUTING TO THE PART III. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE PART III. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES ND
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI BY CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE DF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
	ry, street, office bldg., etc.)	(0(000)
21. I certify that (I) (this hospital) attended the deceased from	EB 12 , 1966, to FEB 20 , 1966	that (I) (we) last
	death occurred at M, from the causes and on the	he date stated ahove
22a. SIGNATURE		ATE SIGNED
TP MINNISKI	ATTENDING MED. STAFF	23,1966
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	33,1766
NAME (Type) T, C. SIWIN SKI	206 W. PENNA. AV. TOWS	n Md
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DE CEMETERY Feb. 23, 1966 St. John's Lux		
24. FUNERAL DIRECTOR ADDRESS	thern (em. Blenheim, Balto. (25a. REC'D BY REGISTRAR 25b. REGISTRAR	Colonation
John Burns Sons, Towson, Maryland	DATE AR 2 1966 Action	es Judge
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MARYLAND STATE DEPARTMENT OF HEALTH STREET RAITIMORE 1. MARYLAND

	0208	7		CERTIFICAT	E OF DE		MEET, DAETHIN	J. 1, 111	02	2034
1.	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	a. STATE	Maryla		NTY Ce	cil	/
C	b. CITY OR TOW Write RUBAL atons VII	N (if outside corporation and give nearest tow e	te limits, n)	c. LENGTH OF STAY IN 1b 2yrlmth2dys	Nor	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East, Maryland				
0		ROVE STATE		iospital, give street address PITAL	d. STREET AD					IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4.	OATE Mon DF Febr		Day 25	Year 19 66
5	(Type or print) SEX		trude		8. DATE OF BIF					FUNDER 24 HRS.
		6. COLOR OR RACE					last birthday	Months [Days	Hours Min.
_	male	white	WIDOWED		unkr		op: yrs.	ry) 12. CIT	TIZEN O	E WUAT
lur	Ing most of work housewi	Ing life, even If retire	done 10b. I	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPL	Penna.	State, or foreign count	COL	JNTRY?	F WHAI
13.	FATHER'S NAM	E			14. MOTHER	S MAIDEN NA	ME			
	unknow	n			unkno	own				
15	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17	INFORMANT		Addr	ess	- 1	
	s, no, or unkown)	(If yes give war or dates o	f Service)	526-04-8262 E	Records:	SPRING	GROVE S	TATE I	HOSE	ITAL
41		DEATH (Enter only on		line for (a), (b), and (c).]				1	INTER	VAL BETWEEN
	Conditions, If gave rise to cause (a), s underlying cause	Immediate ((a) TO (b)	RTERIOS	ALLU					
ICATION				UTING TO DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEAS	E CONDITION GIVEN I	N PART 1(a)	19. YES	PERFORMED?
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OC	CURRED. (Enter n	ature of Injury	In Part I or Part II	of Item 18.)		
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 at work at work						(State)				
		iy that (IX(this hos) ceased alive on	oital) attend	ded the deceased from	Dec. 12 at death occurr		, to Feb - 2 M, from the cause			
222. SIGNATURE Cicco do Tlarier M.D. ATTENDING MED. STAFF 2-26-66							66			
	22c. PHYSICIA NAME (T	NYS RICAR	<u></u>	BANEZ	22d. ADDI	No. 1 Code		STATE ryland		OSPITAL 228
232	BURIAL, CREM REMOVAL (Sp Burial	MATION, 23b. DATE (2) 3/1/66	THEREOF	Charlestown		C	harlestown	, Md.		(State)
24	rant Fun		Wille	Box 22		ATEIAR 1	REGISTRAR 25b.	REGISTRAR'S Cliente		

East,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove action papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after least. within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO X

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES

NO T

(State)

(State)

19 66

Day

ON A FARM?

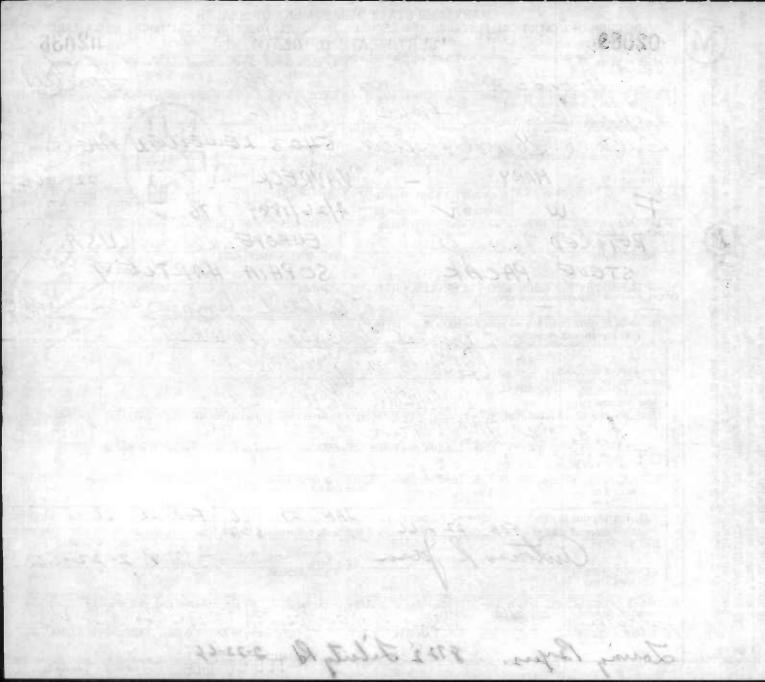
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66080 590017146 Byte in the Direction Berta Brown Harris William of Delivered Control of the Control James grantfull no-1:-1 sell spect , are Ital ESTERNATION OF THE PROPERTY OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after dept. VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAP 02089 CERTIFICATE OF DEATH	2036						
1. PLACE OF DEATH a. COUNTY a. COUNTY a. STATE MARYLAND 1. PLACE OF DEATH a. STATE b. COUNTY A. STATE	uettes						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	give nearest town)						
G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS G. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	e. IS RESIDENCE ON A FARM?						
DEGETOED	YES NO Day Year						
(Type or print) MARY — VAVRECK DEATH 2	22 1966 EAR II FUNOER 24 HRS.						
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years IFUNDER 1 YI Months Date of Birth 1892 9. AGE (In years ITUNDER 1 YI Months Date of Birth 1892 9. AGE (In years ITUNDER 1 YI Months Date of Birth 1892 9. AGE (In years ITUNDER 1 YI Months ITUNDER 1 YI Months 1892 9. AGE (In years ITUNDER 1 YI Months ITUNDER 1 YI Months 1892 9. AGE (In years ITUNDER 1 YI Months ITUNDER 1 YI Months 1892 9. AGE (In years ITUNDER 1 YI Months ITUNDER 1 YI MONTHS 1892 9. AGE (IN years ITUNDER 1 YI MONTHS 1892 9. AGE (IN years ITUNDER 1 YI							
during most of working life, even if retired) +NDBSTRY . THE OUT !- The OUT	EN OF WHAT						
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	tilsa						
STEVE PACAK SOPHIA HARTLEY	-						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Suppose 15. Unsheth Bulbanar 5403.	welleshe						
Tot didde of Bertin (enter only one descript) this for all the second of	NTERVAL BETWEEN ONSET AND OEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lectual Wing Gellan (Valletical)							
Conditions, If any, which DUE TO Constitution facultation							
gave rise to immediate							
underlying cause last. (c) ACMVIIIA VALONA							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Contribution Contribut	19. WAS AUTOPSY PERFORMEO? YES NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH							
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 at work at work at work	y) (State)						
21. I certify that (I) (this hospital) attended the deceased from JAN. 27, 1966, to FEB. 22, 1966							
saw the deceased alive on FEB 22 1966, and that death occurred at 24M, from the causes and on the	date stated above.						
Listania R. Joseph M.D. ATTENOING MEO. STAFF 2-22-66							
22c. PHYSICIAN'S NAME (Type)							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, fown or country Survivery Survivery)	y) Pastate)						
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE						
Loung / Dyers, 812 & Lebelly Kd DAIR 3-13-66	0						

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours aft of death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	06000	OLICIII IOAT	L OI DEATI		1161101
1.	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDEN A. STATE Maryland	CE (Where deceased lived, If Ins b. COUN	titution: Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson	c. LENGTH OF STAY IN 1b			Ite RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	St. Joseph Hospital		2130 E.	Boundary Ave.	YES NO S
3.	NAME DF First DECEASED (Type or print) Leon	Middle C • W	Last Jarren	4. DATE Month OF DEATH February	
5.	OFW CONTRACTOR OF THE CONTRACT	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
11	nale white WIDOWED		2/28/08		Months Days Hours Min.
10a dur	. USUAL OCCUPATION (Give kind of work done lob. Kin ing most of working life, even if retired) IN Retired Stationary Engin	DUSTRY		County & State, or foreign country	COUNTRY?
13	FATHER'S NAME	Herican Can	Edward N		id USA
10.	Clarence H. Warren				
15		SOCIAL SECURITY NO. 17.	INFORMANT 03.5	M. Lewis	22
(Ye	s no or unknown) ((If we nive war or dates of carries)	2-09-5071	ra Nora I.	0 East Bound Warren	ary Avenue
	18. CAUSE OF DEATH [Enter only one cause per lin		is mura L.	warren	INTERVAL BETWEEN
					ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ocardial Infar	ction		
	4201 DUE TO				
	Conditions, If any, which (b)				
	gave rise to immediate (LONG COLUMN		
	cause (a), stating the DUE TO				
2	underlying cause last. (c)				DANTA ALL DAN ALL DOOR
ICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	FING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (Enter nature o	of Injury in Part I or Part II o	f Item 18.)
AL	20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While		ory, street, office bldg.,		
ME		at work			
	21. I certify that (I) (this hospital) attende	d the deceased from_F	reb. 22 ,1		25 19 66, that (I) (we) last
	saw the deceased alive on Feb. 23	1966, and tha	t death occurred at.	2.4 M, from the causes	and on the date stated above.
	22a. SIGNATURE				22b. DATE SIGNED
	HC. Choos	N.	D. PHYS.	MED. STAFF PHYS.	Feb. 25 1966
	22c. PHYSICFAN'S		22d. ADDRESS		
	NAME (Type) H.C. Yoon		7620 Yo	rk Rd. Baltime	ore, Md. 21204
23a		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	
	REMOVAL (Specify)				
	Burial 3/1/66	First Evang	relical Ch	CO BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE O
24	. FUNERAL DIRECTOR	ADDRESS	25a. RE	0.0 4000 000	1 1 1
	HENRY SANDER & SONS IN	IC. BALTO. M	D DATE	28 1956	Carles Judge

VR AI5 (4) 20M 1/65

make a Contract of the Contrac

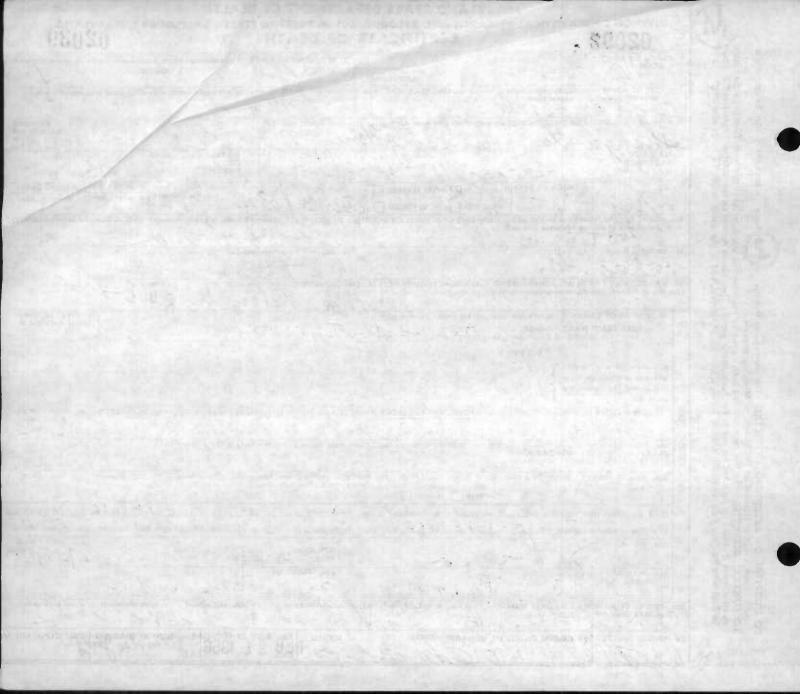
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02091 CERTIFICATE OF DEATH 02038

-	1. 1	. COUNTY			2. USUAL RESIDENCE (Where de		
間	1		timore	MARYLAND	Maryla nd Baltimore		
-	1	. CITY OR TOWN (in	outside corporate limit				
	write RURAL and give nearest town) Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)				Reisterstown		00-1
6.3					d. STREET ADDRESS		. IS RESIDE
00			yer Avenu		403 Dyer Ave	nue	YES NO
00		NAME OF DECEASED	First	Middle	Lest 4. DATE OF	Month De	y Yeer
- 1	2.7	(Type or print)	Frank	6.	Watts DEATH	Feb.	7 1966
- 1/	5.	SEX	6. COLOR OR RACE	7. MARRIED T NEVER MARRIED		AGE (In years IF UNDER 1 YEA	
25.9		Male	White	WIDOWED DIVORCED	Mar.15,1896	69 yrs. Months Deys	Hours Mi
		ne during most of wo	ON (Give kind of work rking life, even if retired		RY 11. BIRTHPLACE (County & State, or		U.S.A.
113	13	Barbe	T.	Pett-embrohe	14. MOTHER'S MAIDEN NAME	iroucky	U.D.M.
	1.5.		ose Watts	THE PARTY OF THE PARTY OF	Alice S	ouers	
F.	-						
			ER IN U.S. ARMED FOR types give weren dates of se	amilea)		403 Dyer Av	enue.
		Yes	WWI	218-32-5345 M	rs. Louise Watts	Reistenstown	n. Md.
		18. CAUSE OF D	EATH Enter only one	cause per line for (a), (b), and (c).]			INTERVAL BETWEE
		PART I. DEATI	H WAS CAUSED BY:	Uremia		Control of the last	2 days
			MANAGRIATE CALLES (-)	OI CHILL CL			
		100	IMMEDIATE CAUSE (e)_	OI OILLA			z aajs
		1777	DUE TO				
		(77) Conditions, if eny	DUE TO	Carcinoma Pros	tate		
		1777	DUE TO , which (b)		tate		
		Conditions, if eny geve rise to immedi (a), steting the uncause lest.	DUE TO (b) ote ceuse nderlying DUE TO (c)	Carcinoma Pros			2 yea
	NO	Conditions, if eny geve rise to immedi (a), steting the uncause lest.	DUE TO (b) ote ceuse nderlying DUE TO (c)	Carcinoma Pros	tate ot related to the terminal disease (CONDITION GIVEN IN PART 1(e)	2 yea
	ATION	Conditions, if eny geve rise to immedi (a), steting the uncause lest.	DUE TO (b) ote ceuse nderlying DUE TO (c)	Carcinoma Pros		CONDITION GIVEN IN PART 1(e)	2 yea
σ	IFICATION	Conditions, if eny geve rise to immedi (a), steting the ucause lest. PART II. OTHER	DUE TO , which ele couse nderlying SIGNIFICANT CONDIT AS UNDERLYING	Carcinoma Pros			2 yea
σ	CERTIFICATION	Conditions, if eny geve rise to immedi (a), steling the uncause lest. PART II. OTHER 20a. A CCIDENT W. OR CONTRIBUTING	DUE TO , which bete ceuse anderlying DUE TO (c) SIGNIFICANT CONDITION AS UNDERLYING DEATH	Carcinoma Pros	OT RELATED TO THE TERMINAL DISEASE (2 yea
σ	AL CERTIFICATION	Conditions, if eny gove rise to immedi (a), steting the uncause lest. PART II. OTHER 208. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO , which ele ceuse nderlying DUE TO (c) SIGNIFICANT CONDITION AS UNDERLYING DEATH MEDICAL EXAMINER)	Carcinoma Pros	OT RELATED TO THE TERMINAL DISEASE (of item 1B.)	2 yea
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σ		Conditions, if eny geve rise to immedi (a), stelling the uncause lest. PART II. OTHER 20s. A CCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU. Hour a.m. p.m.	DUE TO , which ele couse nderlying SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes	Carcinoma Pros: TIONS CONTRIBUTING TO DEATH BUT N 20b. DESCRIBE HOW INJURY OCCURE ar 20d. INJURY OCCURRED 200. PL While Not While 100 of work 1	OT RELATED TO THE TERMINAL DISEASE Of the control o	of item 18.) or town) (County)	2 yea
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σ		Conditions, if eny gove rise to immedi (a), steling the uncause lest. PART II. OTHER 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUMENT A.M., p.m. 21. I certify to saw the decease 22e. SIGNATURE	DUE TO , which ole couse nderlying E SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Day, Yes 19 hat (I) (this hospit	Carcinoma Pros. TIONS CONTRIBUTING TO DEATH BUT N 20b. DESCRIBE HOW INJURY OCCURE ar 20d. INJURY OCCURRED 20e. Pt While Not While et work fee et work et work fee et work et	OT RELATED TO THE TERMINAL DISEASE OF INJURY (Home, ferm, 20f. (City, street, office bldg., etc.) The band occurred at 1.1.4., from ATTENDING MED. ATTENDING MED. PHYS. ATTENDING MED. DIRECTOR	of item 18.) or town) (County) Heb , , 19.6. the causes and on the	2 yea
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σ	MEDICAL	Conditions, if eny gove rise to immedi (a), steling the uncause lest. PART II. OTHER 20a. A CCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUMENT A.M., p.m., p.m. 21. I certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO , which ele couse nderlying E SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes Hed alive on F. Martin ON, 23b. DATE THEE	Carcinoma Prositions Contributing to DEATH BUT N 20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 200. Pt While Not While et work et work 1 1al) attended the deceased from 20. 6. 19. 6.6 and tha Strobel, M.D.	OT RELATED TO THE TERMINAL DISEASE OF D. (Enter nature of injury in Pert I or Pert II ACE OF INJURY (Home, ferm, 20f. (City street, office bldg., etc.) Feb. 13, 192.7, to: t death occurred at 1A.M., from ATTENDING MED. PHYS. DIRECTOR C 22d. ADDRESS 18 Main St. R	of item 1B.) or town) (County) Heb , 19 6, the causes and on the	2 Yea 19. WAS AUTO PERFORME YES NO (Stet
0	MEDICAL	Conditions, if eny geve rise to immedi (a), steling the uncause lest. PART II. OTHER 20a. A CCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT A.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	DUE TO , which ole couse nderlying E SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Yes 19 hat (I) (this hospit and alive on	Carcinoma Prositions Contributing to Death But N 20b. DESCRIBE HOW INJURY OCCURE ar 20d. INJURY OCCURRED 20e. Pt While Not While fee work 19 work 19 work 19 work 20 and than	OT RELATED TO THE TERMINAL DISEASE OF D. (Enter nature of injury in Pert I or Pert II ACE OF INJURY (Home, form, 20f. (City street, office bldg., etc.) 1 death occurred at A.M., from ATTENDING MED. PHYS. ADDRESS 18 Main St. R OR CREMATORY 23d. LOCA	of item 1B.) or town) (County) Heb	2 yea 19. WAS AUTO PERFORME YES NO (Stet) Othat (I) (we) date stated ab 22b. Dr. Si Md. 2- (State)
	WEDICAL 23s	Conditions, if eny geve rise to immedi (a), steling the uncause lest. PART II. OTHER 20a. A CCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUMENT A.M. P.M. 21. I certify the saw the decease saw the deceas	DUE TO , which ole couse nderlying E SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Yes 19 hat (I) (this hospit and alive on	Carcinoma Prositions Contributing to Death But N 20b. DESCRIBE HOW INJURY OCCURE ar 20d. INJURY OCCURRED 20e. Pt While Not While fee work 19 work 19 work 19 work 20 and than	OT RELATED TO THE TERMINAL DISEASE OF D. (Enter nature of injury in Pert I or Pert II ACE OF INJURY (Home, form, 20f. (City street, office bldg., etc.) 1 death occurred at A.M., from ATTENDING MED. PHYS. ADDRESS 18 Main St. R OR CREMATORY 23d. LOCA	of item 18.) or town) (County) Heb. (County) the causes and on the STAFF PHYS. eisterstown, ATION (City, town or county) eisterstown	2 yea 19. WAS AUTO PERFORME YES NO (Stet) Othat (I) (we) date stated ab 22b. Do SI Md 2- (State)
Service of the servic	WEDICAL 23s	Conditions, if eny geve rise to immedi (a), steling the uncause lest. PART II. OTHER 20a. A CCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUMENT A.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	DUE TO , which ole couse nderlying E SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Yes 19 hat (I) (this hospit and alive on	Carcinoma Prositions Contributing to DEATH BUT N 20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 200. Pt While Not While et work et work 1 1al) attended the deceased from 20. 6. 19. 6.6 and tha Strobel, M.D.	D. (Enter nature of injury in Pert I or Pert II ACE OF INJURY (Home, ferm, 20f. (City street, office bldg., etc.) 1 death occurred at A.M., from ATTENDING MED. PHYS. ADDRESS 18 Main St. R OR CREMATORY 23d. LOCA R 25e. RCOD BY REGIST	of item 1B.) or town) (County) Heb	2 yea 19. WAS AUTO PERFORME YES NO (Stet) Othat (I) (we) date stated ab 22b. Do SI Md 2- (State)

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
1/6	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	02039
1.	PLACE OF DEATH 2 USUAL-RESTDENCE (Where deceated lived it institution.	Residence before as
	e. COUNTY Belto MARYLAND e. STATE And b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL en write RURAL) c. CITY OR TOWN (if outside corporate limits, write RURAL en	d give neerest town
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in-hospite), give street eddress) d. STREET ADDRESS (30-5
	Shangu-La Sursing Home 5014 Comondo	ON A
3.	NAME OF DECEASED (Type or print) (Type or print) (Type or print) (Type or print)	186 19
-5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER Months) Months	
10	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CII	IZEN OF WHAT C
	one during rest of working life, seven if respred)	
13	FATHER'S NAME	
13	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. \$Z_INFORMANT / Address	
0	es, no, or unkown) (Ifyes give were orderes of service) Mrs. Holen Webb	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND
	IMMEDIATE CAUSE (e) CONTROL OF CO	
	Conditions, if any, which (b)	
1	gave rise to immediate ceuse (a), stating the underlying DUE TO	
	cause lest. (c)	
000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS PERF
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.)	YES
CERTIFICATI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Co While Not While et work et work 19 et	ınty)
	21. I certify that (1) (this hospital) attended the deceased from 1962 to Filt 18, 19	66, that (1)
	saw the deceased alive on	
	22e. SIGNATURE M.D. PHYS. DIRECTOR PHYS.	2 / 30 /
	22c. PHYSICIAN'S NAME (Type) TO TOURD 22d. ADDRESS FROM A CALL OF THE COLUMN AND	7-1-1
23	BYRIAL, CREMATION, 236. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	W /
1	Sureal 2/22/66 Varbwood Beeto	ma
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ACTION 1250 REGISTRAR 250 REGISTRAR 250 REGISTRAR'S	MIGNATURE
2.	1) - 5/co 7011, 21/015 long of families.	judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove—eachon papers. Pages—T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0203	3		CERTIFIC	JAIL	UF DEATH	1				1)	3114	U
	ALTIMORE		N12 MARYL			RYLA	ND	b. cour	YTY			N
b. CITY DR TDV write RURAL FORT HO	N (If outside corporate lin and give nearest town)	nits,	7 DAYS	IN 1b	c. CITY OR TOWN (If	outside		limits, w	rite RURAL	and giv	re neare:	it town)
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hos	spital, give street ad	dress)	d. STREET ADDRESS		,		-	6	. IS RES	
VETER	ANS ADMINISTRA	ATION	HOSPITAL		949 N. G	AY S	TYRDET	A property	· .	,	ES [FARM?
3. NAME OF DECEASED (Type or print)	First SAM	TET.	Middle		Last WEBSTER	D	ATE F EATH	Mont	h RUARY	Day	Ye 19	ar 66
5. SEX			KNEVER MARRIED		. DATE OF BIRTH		19. AGE	(In years		1 YEAR		
MALE	1777000	IDOWED [12/3/92		73 Tast	birthday) yrs.	Months	Days	Hours	Min.
during most of work	TIDN (Give kind of work done ling life, even if retired)	INI	DUSTRY		11. BIRTHPLACE (Co		State, or for	eign country	C	DUNTRY		
CHAUFFE 13. FATHER'S NAM		CH	AIR MFG. C	0.	FLORIDA 14. MOTHER'S MAID		AC .		1	J.S.	A	
SAMUEL W					The second		MN: U	MKNOW	IN			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16. S	OCIAL SECURITY NO.	17.	INFORMANT	ULFL	PHV. O	Addre				
(Yes, no, or unkown) YES	(If yes give war or dates of servi	2:	19-01-4790	CL	IN. RECORDS,	VA	HOSPI	TAL,	FT HO	WAR	D, M	D.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PASSIVE CONGESTION OF THE HEART							INTE	RVAL BE ET AND WEEL	TWEEN DEATH			
	Conditions, If any, which (b) ARTERIOSCLEROTIC HEART DISEASE UNKNOWN											
gave rise to cause (a), s underlying cau	tating the DUE TO						BOY					
PART II. OTHER	SIGNIFICANT CONDITIONS C		INGTO DEATH BUTNO		TED TO THE TERMINAL D	DISEASE	CONDITIO	N GIVEN IN	PART 1(a)	19. YE	WAS AL PERFOR	
PART II. OTHER 2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				RRED. (Enter nature of	f Injury	in Part I o	r Part II (of Item 18	.)		
Hour a.	INJURY Month, Day, Year m. 19	2Dd. IN While at work	Not While at work	De. PLAC factor	CE OF INJURY (Home, fa y, street, office bldg., e	tc.)	Of. (City o	or town)	(Co	unty)	(State)
	fy that (Dx(this hospital)				/25/66 , 1 death occurred at	9 2:4	to 2/	1/66 e causes	and on t		e stated	we) last d above.
1 /ch	er fee	-2.6		M.D.	PHYS.	MED. DIRECTO	OR P	TAFF HYS.		2/2/		
22c. PHYSICI NAME (T		JUVAN	, M. D.		VAH FOR	THO	WARD,	MARY	LAND			
23a. BURIAL, CREI REMOVAL (SE BURIAL	00.	66 l				1	ATTTM REGISTRAR					tate)
JOSEPH	KNIGHT				L HOME DATE	B 4	198	6	LIGISTRAK	les)	lung	K.
			BROADWAY	x LA	NVALE STS.	DAL	MORE	, MD.				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after digits.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH	D
02095	CERTIFICATE OF DEATH	1

1.	PLACE OF DEATH a. COUNTY	Baltimore		2. USUAL RESIDEN	NCE (Where deceased lived, If Institution:	Residence before admission)
			MARYLAND	/	na. D	alto.
	write RURAL a	(if outside corporate limits indigive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	If outside corporate limits, write RURAL Baltimore # 34	L and give nearest town)
			t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
-	3134	4 Willoughby	() 1	3134 W	illoughby Rd.	ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF Jebruary	Day Year 27, 1966.
5.	SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years IF UNDER	
3	Temale	White WIDO	OWED DIVORCED	May 17, 18	888. last birthday) Months yrs.	Days Hours Min.
		ON (Give kind of work done 1 g life, even if retired)	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (/· · · · C	OUNTRY?
12	. FATHER'S NAME	ewite	Own Home	West l	Virginia	USA
13.	. FATHER'S NAME	John Klep	tel	14. MOTHER'S MAI	Annie Bartle	ett
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITYNO. 17.	INFORMANT	Address	
	No	If yes give war or dates of service)	215-54-0954 M	r. Charles	s Whiteman Jr.	(Same)
			per line for (a), (b), and (c).1		1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Winger m	Ille Cerch	al arlery	2 de
-	332.	DUE TO	0.1	4		
	Conditions, If an		Cerebil	arlanse	lesons	20 yes
	cause (a), sta					
2	underlying cause					
CERTIFICATION	PART II. OTHER SI	INIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIF	OR CONTRIBUTIN	AS UNDERLYING 20 G CAUSE OF DEATH FY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature c	of Injury In Part or Part of Item 18	3.)
MEDICAL	Hour a.m.	V	While Not While facto	CE OF INJURY (Home, f ry, street, office bldg.,	farm, 20f. (City or town) (Co	unty) (State)
Z	p.m.		work at work			
		<u></u>	tended the deceased from	047,1	19 7 to 196	
	saw the dece	ased alive on	1 . 27 19 66, and that	death occurred at	M, from the causes and on t	the date stated above.
	22a. SIGNATURE	Muldo	M.C	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	128/6h
	22c. PHYSICIAN NAME (Typ		Harris, M.D	22d STODRESS	oHarlort	Rd.
23a	BURIAL, CREMA	TION, 23b. DATE THEREOF	4	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	Durial	3/3/00.	Woodsdale Me		Grafton,	W. Va.
24	. FUNERAL DIREC	1 1 1 1	ADDRESS		C'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
7	eonard }	. Kuck Ync.	Balto. Md. 21	214 DATE N	1R 2 1966 John	Men Judge
					1/	// //

VR AI5 (4) 20M 1/65

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e. IS RESIDENCE ON A FARM?

Year

1966

YES

Day

Days

COUNTRY?

4S.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES

OATE SIGNED

(County)

NO Y

(State)

(State)

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VR A15 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12097
CERTIFICATE OF DEATH

-	UNOU !	9		0 - 11 1 1 1 0 7 1 1	- OI PEAIL			U	MATI	1
1.	PLACE DF DEAT a. CDUNTY	Н			2. USUAL RESIDEN		ased lived, 11 Inst		idence before	adm/ssion)
	Ba	altimore		MARYLAND	Man Man	ryland	D. CDOIN			
	b. CITY DR TDW	N (if outside corpora	ate Ilmits,	c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (I		orate limits, writ	e RURAL e	nd give near	est town)
		wings Mills		ll mos.	Bal	Ltimore		3	0-4	1
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (If not in h	ospital, give street address)	d. STREET ADDRESS					ESIDENCE
		osewood Sta	ate Hos	pital	283	35 Rayno	r Avenu	В	YES	FARM?
3.	NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Month		Day Y	ear
	(Type or print)	Vane	essa	Harriett	WILLIS	DEATH	2		3 19	66
5.	SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	8. DATE DE BIRTH	9.	AGE (In years I	FUNDER 1		
	Female	Negro	WIDDWED	DIVDRCED	12/30/64		1 vrs.	Months D	ays Hour	s Min.
10a dur	. USUAL DCCUPAT	IDN (Give kind of work ing life, even if retire	done 10b. K	IND DF BUSINESS OR	11. BIRTHPLACE (C	County & State, o	r foreign country)		IZEN OF WHA	AT
_	dependen	t		none	Baltimore	. Marvl	and		U.S.	. A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIL	DEN NAME			0.00	
	Charles	Lee Willis	2		Gladys (Geraldir	e Chrisi	tien		
15. (Ye	WAS DECEASED	Lee Willis EVER IN U.S. ARMED FI (If yes give war or dates	DRCES? 16.	SDCIAL SECURITY ND. 17.	INFORMANT	act act act	Address			
1		(11 yes give war or bates	or service)	none D	Dane		dana Mit	12- 1	(a	
	18. CAUSE DF	DEATH [Enter only or	ne cause per l	none Ro	sewood Reco	oras, ov	ATURE MI		INTERVAL B	
ш		ATH WAS CAUSED BY	f: For						ONSET AND	
	7,-31	IMMEDIATE CAUSE	(a) FOF	eign body in lu	ing aspirate	ea				
	1531	DUE						3.9		
	Conditions, If gave rise to		(b) Epi	lepsy						
	cause (a), si		TD							
-	underlying caus		(c) Mul	tiple congenita	al anomalies	s of bra	in			
100	PART II. DTHER S	GIGNIFICANT CONDITI	DNS CONTRIBL	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECOND	TION GIVEN IN P	ART 1(a)	19. WAS A	NUTDPSY RMED?
S									YES T	
CERTIFICATION	20a. ACCIDENT DR CDNTRIBUTI (IF EITHER, ND	WAS UNDERLYING COME OF DEATHER MEDICAL EXAMI	TH (TH (NER)	DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature o	f injury in Par	t I or Part II of	Item 18.)		
A		INJURY Month, Day,		NJURY DCCURRED 2De. PLA	CE OF INJURY (Home, f	arm. 2Df. /C	Ity or town)	(Count	(v)	(State)
MEDICAL	Hour a.r	n.	While at work	Not While facto	ry, street, office bldg., e	etc.)	, 0,	(o cane	.,,	(01010)
2				ed the deceased from	3/2 .1	9_65, to	2/3	10 66	. that OK	(wa) look
		ceased alive on	2/2		death occurred at					
	22a. SIGNATUI		7		death occorred at	Livumani	Talle causes a	22b. DAT		u annve.
	11	arres B.	13-	dec "	ATTENDING	MED.	STAFF -			
	22c. PHÝSICIA		Jun	M.D	PHYS. L	DIRECTOR	PHYS.	2/4	1/66	-
	NAME (T)	Harry G.	Butle	r, M.D.		d Lane,	Owings 1	Mills.	Md.	
23a	REMDVAL (Spe	ATION, 23b. DATE	THEREDF / Le Le	Batto. Nay		agenting.	ATION (City, tow	vn or count	ty) (State)
24.	FUNERAL BIRE	OTDR (166	ADDRESS		C'D BY REGIST			SIGNATURE	
	W C	or) av	1 1 968 sta	TOOK DATES E			iarles	-	ف
-					ALL STATES	L V IV	MAI IF	V	11 1	

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21/201

CERTIFICATE OF DEATH

02045

o. COUNTY Baltimore	MARYLAND	o. STATE Mary:	land b. COUNTY St	Many S
b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b		arporate limits, write RURAL and giv	e neorest tawn)
write RURAL and give nearest tawn) Fort Howard	ll Days	Mechanicsvi	lle	17-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administration	on Hospital	No Street		YES NO
3. NAME OF First	Middle		DATE Manth	Doy Year
(Type or print) William		0	EATH 2	25 19 66
	Hereit institutes	8. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	VIDOWED DIVORCED	10/13/96		
10a. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State	(0	TIZEN OF WHAT
during most of warking life, even if retired)	Self Employed	Oraville, Ma	aryland U.	UNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William Wood		Unknown		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	mees Allega
(Yes, na, or unknown) (If yes give war ar dates af serv	578 09 53 14 V.	A. Hosp. Ft. Ho	oward, Maryland	
18. CAUSE OF DEATH (Enter only one cause pe	er line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HOURS			
DUE TO				
Conditions, if ony, which gove) (b)	BRONCHOPNEUMONIA			DAYS
rise to immediate cause (d), Stating the underlying course DUE TO				
lost. (c)_	CARCINOMA OF PROST	ATE		MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO				YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I	or Port II of item 18.)	
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or tawn) (Co	unty) (Stote)
Haur a.m.	While Not While fact	tary, street, office bldg., etc.)		
21. I certify that (I) (this hospita	at wark at work	10 6	5 , ta 2/25/ , 19	66that (I) (we) las
sow the deceased olive on 2/		t death occurred of 98	33 MP silbne couses and on t	he dote stated above
22g. SIGNATURE	_ / /		22b. D	ATE SIGNED
Wellen	B. Kringleen	D. PHYS. DIREC	TOR PHYS. 2 2	26 66
22c. PHYSICIAN'S	7	22d. ADDRESS		1000000-000
NAME (Type) WILLIAM B. K	CINGREE, M.D.	VET. ADM. HC	SP., FT. HOWARD,	MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF	F 23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or Town)	(County) (State)
BURMANAL(Specify) FEB.28.	1966 ST. JOSEPHS (CEMETERY N	MORGANZA, MARYLAI	ND .
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY R		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Ping funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY a. STATE by the and 2 death. Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 ٨ write RURAL and give nearest town) Kingsville, Maryland after 5 5 yrs. Kingsville Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE d. STREET ADDRESS papers. Pagin 72 hours ON A FARM? YES NO T Mohr Road Mohr Road completely executed 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Typa or print) DEATH 6 within carbon 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED and last birthdey) Months | Days event WIDOWED 1 DIVORCED physician remoye 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any Baltimore, Maryland Homemaker At Home USA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 death attending 0 Conner unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or dates of service) Elmer B. Kurrle Kingsville, Maryland that 220-44-9349 the no permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN physician. þ ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: as been signed b burial-transit per IMMEDIATE CAUSE (a) cremation, DUE TO attending Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the undarlying burial, has couse lest. (c) the PHYSICIAN: 0 certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital as 0 PERFORMED? NO TH YES | use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) for OF CONTRIBUTING CAUSE OF DEATH the After this Health detached ATTENDING MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) be retained While Not While ó Hour a.m. at work at work p.m. DIRECTOR: Dept. 8 21. I certify that (I) (this hospital) attended the deceased from See 195 State D saw the deceased alive on 19.6 9 and that death occurred at M, from the causes and on the date stated above. OR may 22b. DATE 22e. SIGNATURE MED. ATTENDING SIGNED death. Page 4
TO FUNERAL 1
director, page 3
be filed with the PHYS. H DIRECTOR PHYS. M.D HOSPITAL 22 d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 0 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Baltimore, Maryland Buria] Feb 25. 1966 Parkwood Cemetery BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE The Dippel Brothers Inc 7110 Belair Road 21206 Jan VR A15 (4) 20M S-63

The Olippel Ergiler's Inc 7110 below 9200 1200 1200 1000

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02100	CERTIFICATE	OF DEATH		02047
1.	PLACE OF DEATH a. COUNTY				titution: Residence before admission)
	Baltimore	MARYLAND	a. STATE	vland b. coun	Prince George
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b			te RURAL and give nearest town)
	Catonsville	5yrumth29dys	Clinton.	Md.	16-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
à	SPRING GROVE STATE HO	SPITAL	9 Manor R	oad	YES NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Howard		ight	DEATH Feb.	27 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIE	THE WALLES	. DATE OF BIRTH	last birthday)	Months Days Hours Min.
	male white WIDOWEI			000 79 yrs.	
10a dur	a. USUAL OCCUPATION (Give kind of work done) 10b.	INDUSTRY		unty & State, or foreign country)) 12. CITIZEN OF WHAT COUNTRY?
	retired Int	erstate Commerc	Penna.	SEE STATE OF SA	U. S. A.
13.	FATHER'S NAME	Commission	14. MOTHER'S MAID	EN NAME	
	unknown		MANAGORONOME	Ella Cliff	ord
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT WI	right- See I	tem #2.
	xxxxxxxXes-WW I	220-44-4740 C	cords: SPRI	right- See I	
	18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUSED BY: T	erminal pneumon	ia		ONSET AND DESTIN
	4200 DUE TO _				
	Cenditions, If any, which (b)	ongestive heart	failure		
	gave rise to Immediate (cause (a), stating the DUE TO				
		rteriosclerotic	heart dise	ase	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICATION	r	Diabetes mellitu	s		YES NO
RTF	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of	f Item 18.)
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL		INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fary, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While p.m. 19 at wo	e Not while	y, street, onice blug., er	(6.)	
~	21. I certify that (F (this hospital) atten		Sept. 28 19	69 to Feb. 27	, 19.66, that ((we) last
	saw the deceased alive on Fe	b. 2719 66, and that	death occurred at	1:55, from the causes	and on the date stated above.
	22a. SIGNATURE	ni /s	p.		22b. DATE SIGNED
	pourono	M.D.	. PHYS.	MED. STAFF PHYS.	2-28-66
	22c. PHYSICIAN'S NAME (Type) Imre Kopits,	M D	22d. ADDRESS	SPRING GROVE	STATE HOSPITAL
	Time Kobica,	ri. D.		Baltimore, Mar	
238	REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
	Burial 3-4-1966	XXXX Cedar	Hill Ceme	Switland N	ld.
24	. FUNERAL DIRECTOR	ADDRESS	25a REC	DET REGISTRAR 250. RI	GISTRAR'S SIGNATURE

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please it move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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Feb. 27 .06 20 11.75 Fon. 27 (65 - x

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JOSEPH CHANNES Sous INC. MASH B.C.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02101 FOR STATE A

in pencil In Item 18. Give Poges 1, 2, and 3 to Exominer's office along with form PM3. Page

any delay is

This certificate should be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the word "pending" in pencil In the funeral director. Page 4 should be forworded to the Chief Medical Exominer's

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

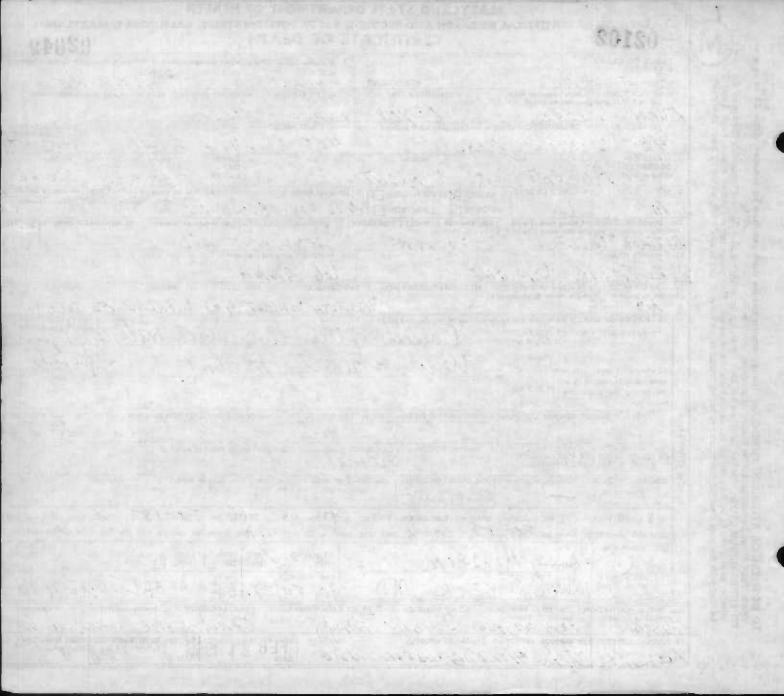
02048

TVI.				010020
		PLACE OF DEATH D. COUNTY	USUAL RESIDENCE (Where deceased lived, if institution: Resident a. STATE b. COUNTY	ce befare admission)
Ë	,	Baltimore MARYLAND	o. STATE b. COUNTY Marvland Balti	moro
death.		p. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give	
a)		write RURAL and give nearest tawn) Baltimore	Baltimore Essel	13-1
ngurs an		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS 3 Clippes) (A)	e. IS RESIDENCE
00		842 Brunswick Road	842 Brunswick Road	ON A FARM? YES NO 🔀
		NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) JOHN Jaylor	WRIGHT DEATH February	27 19 66
	S. S	THANKED I THEFER MAKKED	B. DATE OF BIRTH 9. AGE (In years IF UNDER) Manths	YEAR IF UNDER 24 HRS. Days Hours Min.
		Male White WIDOWED DIVORCED	6/2/05 6Dyrs.	
	10a.	USUAL OCCUPATION (Give kind of work dane ng mgst of working life, eyen if retired) INDUSTRY		IZEN OF WHAT
-	1	alf 6 mplayed.	Sel. 2	1. 8. 4.
	13.	FAZHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Carroll Hright	Marion	
		and the state of t	Spormant Hright 918 Clarken	-, 10.
	(16	s, no, or unknown) (in yes give war or unless or service)	lenn Stright 918 Clarken	ege Klow
	T	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound o	f head	ONSET AND DEATH
		9 74 X DUE TO	A SUNT YOU	
		Conditions, if any, which gave) (b)		
		rise ta immediate cause (a), stating the underlying cause DUE TO		
		last. (c)		
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2	CERTIFICATION			PERFORMED? YES * NO
~	E	20a. EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING ☐	Enter noture of injury in Port I or Port II of item 18.)	1.00
	8	PRIMARY ♣ or CONTRIBUTING ☐ CAUSE OF DEATH. Shot self in 1		
	MEDICAL		E OF INJURY (Hame, farm, 20f. (City or town) (Cau	nty) (State)
	MED	Hour o.m. While Not While factor	ary street affice bldg. etc.)	
	-		Home Baltimore, Bal	
		21. I certify that I took charge of the remains described above, hel		ond in my opinion
		death resulted fram: Natural causes [], Accident [], Suicident	de 🗷 , Hamicide 🔲 , Undetermined manner 🗌	
		ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
ı		SIGNATURE // / / / / / / / / / / / / / / / / /	_M.D. ASSISTANT MEDICAL EXAMINER	
		EXAMINER'S NAME (Type) Russell S Fisher M D		28-66
1	22.5	RedSell D. Hishel, II.D.	Address (Street, city, town, or county)	(f.) \ (f
	230.	SEMOVAL (Specify)	REMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
	24	FUNERAL DIRECTOR ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	CNATURE
- [19	ADDRESS SA		en autal:
N /	1	mmilled sono JOO Mace Une 2	DATMAK 3 1968 Clean	En Judal".

SEUSO

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution, Residence before edmission) hours e. COUNTY b. CQUNTY by the and 2 death. BALTIMORE MARYLAND BALTIMOR 15 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest lown) 2 Pages RURAL - ESSEX RURAL filled IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? papers. GORTON YES NO P completely 72 3. NAME OF Middle DATE DECEASED (Type or print) 19 carbon within 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED ician. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) RETIRED 4 BACTIMOBE please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME oval, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. I Address (Yas, no, on unkown) | (Ifyasgivewarordatesolservice) CLORTON RD 2/22/ 18. CAUSE OF DEATH [Enter only one cause per line fop (a), (b), end (c). INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) urial-transit DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY SE CERTIFICATION 0 PERFORMED? prior USB NO TH 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) ŏ fectory, street, office bldg., etc.) Hour e.m. While Not While at work at work CIOI 21. I certify that (I) (this hospital) attended the deceased from..... 1966, and that death occurred at // AM, from the causes and on the date stated above. saw the deceased alive on 100 22e. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED ath. Page 4 with th DIRECTOR PHYS. PHYS. HOSPITA M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) A B REMOVAL (Specify) PEB 21 1966 REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND

1	ONTO		SERVICE CO.	CERIII	ILAII	L UF DEA	IH.	CONTRACT AND		129817	J.	600	
1.	PLACE OF DEATH					2. USUAL RESID	ENCE (When	e deceased live	d, Af insti	tution: R			
	a. COUNTI	Baltimor	Baltimore		RYLAND	a. STATE	Maryl	and	. COUNT	Y Pri	nce	Geor	ge 's
1	b. CITY OR TOW	N (if outside corpor and give nearest to	ate limits,	c. LENGTH OF ST		c. CITY OR TOWN	(If outside	corporate lin	nlts, write				
	Catonsville			4yr6mth1		Upper 1	Marlbo	ro, Man	rylan	d /	1	2	
	d. NAME OF HO	SPITAL OR INSTITUT	ON (if not in	hospital, give street	address)	d. STREET ADDRE					0	. IS RES	IOENCE ARM?
	SPRING C	ROVE STAT	E HOS	SPITAL		none					Y	10000	NO 🗌
3.	NAME OF DECEASED		irst	Middle		Last	4. Di		Month		Oay	Yea	ır
	(Type or print)	Gladys		Pyles	Wyv		Di	EATH	Febr			19	66
	SEX	6. COLOR OR RACE	7. MANE	BOX NEVEL MAIR		. OATE OF BIRTH		9. AGE (In last bir	years If	UNDER	1 YEAR	Hours	24 HRS. Min.
-	female	white	WIDOW			April 12		62	yrs.				1
du	ing most of work	ION (Give kind of wor ing life, even if retir	kdone 10b ed)	. KIND OF BUSINESS INDUSTRY	OR	11. BIRTHPLACE	(County & S	State, or foreign	country)	12. CI	DUNTRY:	OF WHAT	
12	housewi					Marylan				U.	S.		
	. = = =					14. MOTHER'S M							
200	atsaewax G	eorge Wash EVER IN U.S. ARMED F	ington			nujenomik	Clar	a Smit					
(Y	es, no, or unkown)	(If yes give war or dates	of service)	16. SOCIAL SECURITY	NO. 17.	INFORMANT			Address				
u	nknown			unknown		ecords:	SPRING	G RO VI	E ST	ATE		SPITA	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1										ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pyelonephritis												
	(000		TO OT										
	Cenditions, If gave rise to		(b)			-							
	cause (a), stating the DUE TO												
NO	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)											WAS AU	TOPSY
CERTIFICATION											YES	PERFOR	MED?
E	20a. ACCIDENT	WAS UNDERLYING DE] 20b.	OESCRIBE HOW IN	URY OCCU	RREO, (Enter nature	e of Injury	In Part I or P	art II of	Item 18.	1	3	10
CER	DR CONTRIBUTI	NG □ CAUSE DF DE TIFY MEDICAL EXAM	ATH INER)										
SAL	20c. TIME OF	NJURY Month, Day,	Year 20d	. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home	e, farm, 20	of. (City or t	own)	(Cou	inty)	(S	tate)
MEDICAL	Hour a.n		Whi at w		factor	y, street, office bldg	g., etc.)						
2				nded the deceased	from	July 18	19_61	to Feb	1. 11	10 6	6 th	at 110 (w	tool last
		eased alive on	Feb			death occurred a		, from the c					
	22a. SIGNATUR	RE a			and thet	20211 00001102	a.	,		22b. 0			
		Su	ela 1	Vacheller	M.O.	ATTENDING PHYS.	MED. DIRECTO	R STAF		2-4	-66		
	22c. PHYSICIA NAME (T)		70 W			22d. AOORESS	SPRI	NG GRO	VE	STAT	EH	IOSPI	TAL
_		Ste		chsler, M.			Balt	imore,	Mary	land	212	228	
238	REMOVAL (Spe	clfv)	THEREOF	23c. NAME OF				LOCATION (ate)
0.4	Burial	Lep'	-1966	Mt. Carm	el Cer		1 4	per Mar			- 47		
24	(/Nems	nons the	2.	ADORESS		25a.	KEC'U BY R		5b. REG	ISTRAR'	SSIGN		
1	ammons B	ros. 1661-	Good H	lope Rd SE	Wash	DC DATE	2 4	1966	ina	ner	Jus	1	

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